

**RIDGEFIELD DRIVING SCHOOL**  
**STUDENT INFORMATION**

Name F \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

High School \_\_\_\_\_

Learner's Permit # \_\_\_\_\_ Date of Issue \_\_\_\_\_

**PARENT INFORMATION**

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

**EMERGENCY INFORMATION**

Person to contact in case of an emergency \_\_\_\_\_

Address (if different) \_\_\_\_\_

Phone number (if different) \_\_\_\_\_

Hospital of choice \_\_\_\_\_

Name of physician to be contacted \_\_\_\_\_

Insurance Plan \_\_\_\_\_

Name of insured \_\_\_\_\_

**PARENTAL CONSENT**

I \_\_\_\_\_ do give permission for \_\_\_\_\_ to receive instruction in driver training, both in-classroom and on-road, through Ridgefield Driving School LLC. I recognize that driving is dangerous and comes with inherent risks that may result in injury or death. I understand that not all driving conflicts are foreseeable or preventable and that Ridgefield Driving School LLC instructors may not be able to prevent such conflicts. I agree not to hold the owner of Ridgefield Driving School LLC or any of its employees responsible in the case of any injury or death that may result as a consequence of this instruction.

Signature of parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship to student \_\_\_\_\_

On very rare occasions, students may drive with a third or fourth party in the rear seat of the car while on a road lesson. Please indicate whether you do or do not authorize such an occasion. **Please initial one...**

\_\_\_\_ I give permission for my child to drive or be a passenger with a third or fourth party during a road lesson.

\_\_\_\_ I do not give permission for a third or fourth party to be present in the car during a road lesson.