



Office Use Only

Date Rec'd and Paid: _____

Date of Class: _____

Receipt # _____

DRIVER EDUCATION REGISTRATION FORM

FULL NAME AS IT APPEARS ON BIRTH CERTIFICATE:

(PLEASE PRINT)

STUDENT NAME (FIRST) (MIDDLE) (LAST)

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN NAME: _____

HOME PHONE: _____ PARENT CELL PHONE _____

PARENT EMAIL ADDRESS: _____ (PLEASE PRINT)

BIRTHDATE: _____ WHAT GRADE IN SCHOOL? _____

WHAT SCHOOL DOES YOUR STUDENT CURRENTLY ATTEND? _____

If your student attends a Franklin County School, we will use the FCS email address. If you prefer another email address or if your student attends a private or homeschool, please provide an alternate email below.

STUDENT EMAIL ADDRESS _____ (PLEASE PRINT)

2026-2027

All classes will be conducted virtually.

CLASS DATES ARE LISTED BELOW:

_____ September 14 – 25

_____ October 12 – 23

_____ November 9 -- 20

_____ December 7 -- 18

_____ January 18 -- 29

_____ February 15 -- 26

_____ March 15 – 26

_____ April 5 -- 9 (Spring Break)

_____ June 14 -- 18

_____ July 11 -- 15

**Registration form and fee must be paid in the school office at BHS, LMHS, ECHS or FHS.
You will be assigned to a class at time of registration. \$65 cash or check please**