

**GREENFIELD-CENTRAL HIGH SCHOOL
2016 DRIVERS EDUCATION PROGRAM
EMERGENCY INFORMATION**

PLEASE FILL OUT COMPLETELY

STUDENT NAME: _____

Mother's Name: _____

Father's Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____ **Cell Phone** _____

Work Phone Mother: _____

Work Phone Father: _____

EMERGENCY CONTACT PERSON: (RELATIVES, FRIENDS, NEIGHBORS) – IF THIS INFORMATION SHOULD CHANGE BEFORE THE STUDENT DRIVES, YOU MUST LET THE SCHOOL KNOW OF ANY CHANGE. WE MUST HAVE CORRECT EMERGENCY CONTACT INFORMATION FOR THE STUDENT TO BE ELIGIBLE TO DRIVE. THIS IS A STATE LAW!

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Doctor's Name:

1st Choice _____ **Phone** _____

2nd Choice _____ **Phone** _____

Medical Problems:

Other Important Information:

Only students taking the spring classes could take another summer school class. Please indicate yes or no if they will be taking another class during the month of June, 2016. Yes ____ No ____.

Return this form along with the registration letter.