

**GREENFIELD-CENTRAL HIGH SCHOOL  
2018 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:**

**1<sup>st</sup> Choice** \_\_\_\_\_ **Phone** \_\_\_\_\_

**2<sup>nd</sup> Choice** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Medical Problems:**

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**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, 2018. Yes \_\_\_ No \_\_\_.**

**Return this form along with the registration letter.**