



# GUARDIAN DRIVING SCHOOL

“Protecting What Matters Most”

Locally owned and operated by K.P. Gibson

## Registration

Please choose one:  38 Hour Drivers Education  6 Hour Pre-License

Students Full Name \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Grade \_\_\_\_\_

School \_\_\_\_\_

Home Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

*This section is for 38 Hour class registrations only*

Parents Full Name \_\_\_\_\_

Mothers Contact# \_\_\_\_\_

Fathers Contact# \_\_\_\_\_

Email Address \_\_\_\_\_

Please list any information we need to know about your child (Medical, Restrictions, etc)

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I have read and agree to the Guardian Driving School Guidelines.