

DRIVER EDUCATION REGISTRATION FORM

**FLOYD COUNTY SCHOOLS
600 RIVERSIDE PKWY NE; ROME GA 30161 – GA DMVS LIC # DT-193
706 234-1031 * 706 236-1824 Fax**

Name: _____

Home School: _____

Address: _____

Student School ID#: _____

Street

City

State

Zip

Telephone No.: _____

Location of Instruction: PEPPERELL HIGH SCHOOL

Emergency Phone No.: _____

Type of Instruction: 30 hrs classroom/6 hrs range/road

Date of Birth: _____

Amount Paid: \$ _____ Check #: _____ Cash: _____

Driver License No.: _____

Receipt Given: Yes No

License Expiration Date: _____

Receipt Given by: _____

I WILL BE ATTENDING THE WEEK OF: _____