CENTRAL GEORGIA TECHNICAL COLLEGE

CLEARED REGISTRATION

_____

DRIVER EDUCATION STUDENT REGISTRATION FORM

Name: _____ _____ _____
Last **First** **M.I.**

CGTC Student ID/SSN: _____ **Date of Birth**: _____

Telephone: _____ _____ _____
Home **Work** **Cell**

Mailing Address: _____ _____
Street or Route **City**

_____ _____ _____ _____
County **State** **ZIP** **Parents Email**

GADL Permit Number _____ **Permit Expiration Date** _____ **High School** _____

Program: **Driver Education Class Begins:** _____

(Please fill in the information for the highlighted areas.)

TOTAL CREDIT/CLOCK HOURS _____

Total Cost _____

_____ _____ _____ _____
STUDENT SIGNATURE Date PARENT SIGNATURE Date