

**GREENFIELD-CENTRAL HIGH SCHOOL
2012 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:

Will your student be taking another summer school class during June, 2012? Yes____ No_____.

Return this form along with the registration letter.