Differential Driving Training Program **NEW STUDENT APPLICATION**

Student Information

Legal Name: First	Middle _	
Last		
Street Address:		
City	State	Zip Code
Date of Birth://		
Gender:		
High School: (if applicable)		
College: (if applicable)		
Student's Email:		
Student's Cell Number: ()	-	
Primary Disability/Diagnosis:		
Secondary Disability/Diagnosis:		
Glasses/Contacts:		
Parent/Legal Guardian Information		
Parent 1 Name:	_ Cell Number:	
Work Number: ()	_ Email:	
Parent 2 Name:	_ Cell Number:	(
Work Number: ()	_ Email:	
Emergency Contact Person (Other than P	arent):	
Name:		
Cell Number: ()		

MAXWELL MOTORSPORTS AND DRIVING SCHOOL, INC 7777 Walnut Grove Road – Agricenter International - Wing C Memphis, TN 38120 maxwelldriving.com

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Student Driving Experience (if applicable) *

Does	the student hav	e a PER	MIT?	YES	NO			
PERN	1IT#							
Does	the student hav	e an IN	TERMED	IATE LICENS	E? YES	NO		
LICE	NSE #							
Estin	nated Amount of	Driving	Hours:					
1.	Parking Lot _	0 hc	ours _	1+ hours	5+1	hours	_ 10+ hou	ırs
2.	Residential Str		0 ho	urs1+	hours _	5+ hou	rs	
	10+ hours							
3.	City Streets: _	0 ho	ours _	1+ hours	5+	hours	_ 10+ hou	ırs
4.	Rural Roads: _	0 hc	ours _	1+ hours	5+	hours	_10+ hou	ırs
5.	Interstate: _	0 hc	ours _	1+ hours	5+	hours	_ 10+ hou	ırs
Locat	ion Driven AND I	Driving (Conditio	ons				
1.	Major Streets (I	Ex: Popl	ar Ave, \	Walnut Grove	e, German	town Pkwy)	: YES	NO
2.	Heavy Traffic:	YES	NO					
3.	Rain:	YES	NO					
4.	Night:	YES	NO					

*Please note that prior driving experience Is not a requirement

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