

Driver Education Enrollment Form

**Upper Valley Driving Academy
2137 Halls Lake Rd.
Newbury, VT 05051-4651**

PLEASE PRINT LEGIBLY:

STUDENT NAME:
Date of Birth:
Student Permit Number:
Date Permit Issued:
Address:
City: State: Zip:
Phone (home):
Phone (cell):
Email:

PARENT / GUARDIAN NAME:
Address (if different from above):
City: State: Zip:
Phone (home):
Phone (cell):
Email:

Please circle below any physical and/or medical limitations the student may have:

Hearing Problems	YES	NO	Rheumatic Fever	YES	NO
Vision Problems	YES	NO	Epilepsy	YES	NO
Diabetes	YES	NO	Fainting Spells	YES	NO
Heart Trouble	YES	NO	Paralysis / numbness	YES	NO
Orthopedic Problems	YES	NO	Cerebral Palsy	YES	NO
Chronic Illness	YES	NO	Asthma	YES	NO
Allergic Reaction	YES	NO	Other	Explain	

It's the student and parent's/guardian's responsibility to inform the classroom teachers of any medical, physical, and/or mental health condition or other concerns that may impact their student's behind-the-wheel performance or limit their classroom activities or participation, (inclusive of an Individual Education Plan/IEP) at time of registration.