Driver Education Application Lansing High School

PLEASE PRINT NAME AS SHOWN ON BIRTH CERTIFICATE

Student Name:		
(FIRST)	(MIDDLE)	(LAST)
Phone Number of student: Home:		Cell:
Parent Name(s):		
Street Address:		
City:	_ State:	Zip Code:
Sex (Circle): Male Female		
DOB: (mm/dd/yyy)		Present Age:
Eye Color:		
Corrective Lenses: Yes No	If no, date visi	on last tested:
Height: ft inches	Weight:	lbs
School currently attending:		
Current Grade Level (circle one): 8th	9th 10th	11th 12th
Student must answer the following questi	ons:	
 Are you a resident of Kansas? Yes In the past 6 months have you attem. Driver's License Exam Station? Yes If yes, date last tested: Do you have any physical limitation. If yes, please describe: 	pted and failed and No Nos that may require	any testing at least 4 times at a Kansas ire car modifications? Yes No

(over)

Date:	Date:		
Student Signature - No printing permitted (Name as it appears on birth certificate)	Parent's Signature (I have reviewed with my child)		
Do you understand that your answers to these for prosecution? Yes No	e questions, if answered falsely, may be grounds		
11. Are you lawfully present in the United S	tates? Yes No		
10. Visual Acuity: Right eye: 20/ (If student has valid permit from DMV, edges Do you need Vision Correction: Yes	enter 20/40 for each eye.)		
-	to law enforcement due to the refusal or failure of a ding any court review? Yes No		
	Kansas or any other state? Yes No		
	Do you have a current license of any kind? (Includes Instructional Permit) Yes No If yes, # Expiration date:		
6. Are you currently a habitual user of alco			
5. Have you suffered a seizure in the past 6 If yes, please describe:	months? Yes No		
If yes, name of condition/medication: If yes, please choose one option: Medica	al only Vision only Both		
difficult to operate a motor vehicle safely			