

Meyersdale Area School District

Driver's Education – (BTW) Behind-the-Wheel Instruction

Student Driver Information:

Name: (First) _____ (Middle) _____ (Last) _____

Address _____ Apartment No. _____

City _____ State _____ Zip Code _____

Student Driver's License # _____

Automobile Insurance Carrier _____ Expiration Date _____

Medical Insurance Carrier _____

I give my permission for (Name of Student Driver) _____
to receive behind-the-wheel driver's education instruction. I also understand and agree that the cost of
instruction is \$100, due before the beginning of my in-car classes.

Checks can be made out to: *Meyersdale Area School District.*

X _____
Parent Signature Date

X _____
Student Signature Date