		<u> </u>	DRIVER'S ED Re	gistratio	on Form		
Student Name:				Date of Birth:			
DMV	' Pre-Registration	າ (PR) Code: ຼ					
Addr	ess:						DRIVER'S ED.
Pare	nt Email:		Pho	ne:			
High School Student Attends: Student Phone:							
Cour		_	e August			Drive-Time O	nly
Do y	ou have a permit	:? YES [ ]	NO [ ]				
	<u>Permission</u>	for Driver'	s Education Ins	truction	– Driver Edu	ıcation Contra	<u>ict</u>
	Board of Educat	ion—School I	District #14, Manit	ou Spring	s, Colorado (In:	structor: Rob Qu	ıarry)
I/we,_			hereby cert	ify that (I	am/we are) the	e (parent/guardi	an)
of	(Studer		Manitou Sp	rings Higl	n School has (n	ny/our) full perm	nission to
course verbal Under	e. This agreemer assurances or p this agreement,	nt constitutes romises not co an instructor	tructor for any inju the entire contradontained herein a may not provide	ct betwee re not bin	n the school a ding on either	nd the student, a the school or the	and any e student.
ii i di vic	idai stadei itsį ses	3.011.	<u>Medical</u>	<u>Release</u>			
Emergency Contact/Relation: Phone:							
Allergi	ies and/or Medic	ations:					
Other	Medical Condition	ons/Health Co	ncerns:				
As the p hospita diagnos results (	l or medical facility f itic, treatment, X-ray of any examination c	f the above-name or diagnosis and v, and operative p or treatment.	ed student, I request t treatment. I authoriz procedures for the abo	e all licensed ove-named s	d physicians, denti tudent. I have no	sts, and staff to perj t been given a guara	form Intee as to the
X	ature of Parent/		Date		X Printed Nam	e of Parent/Guai	 rdian
ااهاد					Thire a Nam		alan
	Fees paid: \$		<u>FICE USE ONLY:</u> xxxxcash	(Date)			
	Fees paid: \$	chk.#	xxxxcash	(Date)		DRIVER'S	ED.