

(843) 263-5023

Student Information Form

Student Name:				
(First) (Mi	(Middle)		(Last)	
Student Address: (Street address)	(0)	(CIT)		
Name of Neighborhood or Plantation:	(City)	(ST)		
Name of Neighborhood of Trantation.				
Student Phone: (cell)				
High School:	Starts at:	arts at: Ends at:		
Please circle one - Student attends school :	VIRTUALLY	IN PERSON		
Please Check One: () I drive a lot – very confident in driving (() I drive occasionally – pretty confident () () I have only driven a little – doing good, I roads) () I have little to no experience driving (page 1)	back roads/parkw out need more prac	ay/Hwy 27 ctice (neigh	8)	
Mom's Name:	oad's Name:			
Mom's Name:D (First) (Last)				
Address:A	Address:			
	(If Different) Dad's Cell Phone:			
Moni s Cen Phone:	Dau's Cell Phone:_			
Mom's Email:	Dad's Email:			
vv 11 1 1 1 1 1 1				
How did you hear about us?				
()Phone book		(
()Brother/sister used 123 Drive!(name ()Referred by friend(name				
		(name)	ł	
()DMV				
() Internet				
i iviner				