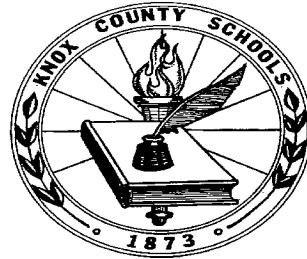


KNOX COUNTY SCHOOLS

Driver Education Office

Suite 1201 Andrew Johnson Bldg.
912 S. Gay Street
Knoxville, TN 37902
Ph. (865) 594-1727; Fax (865) 594-1764



PARENT'S PERMISSION FOR DRIVER EDUCATION

(NOTE: These forms are confidential. For instructor's use only)

I hereby give consent for _____ to take a complete Driver Education course, including practice driving instruction, under the guidance of a Certified Driver Education Instructor at _____ High School. I know of no physical defects which would be hazardous to the student or other students while taking this course.

INDIVIDUAL RECORD

Full Name _____
LAST FIRST MIDDLE

Home Address _____
STREET CITY/STATE ZIP

Male _____ Female _____ Age _____ (years/months)

Home Phone _____ Business Phone _____

Birthdate ____/____/____ (month/day/year)

Operator License Number _____ Permit Number _____

My son or daughter has hospitalization insurance that will cover him/her in case of injury while taking driver education, such as: School Insurance, Blue Cross/Blue Shield Insurance, etc.

YES or No (Circle one)

Signature of Parent or Guardian