



**Hoffman Auto School**  
291 Main Street  
West Newbury, MA 01985  
978-273-2880

**Student Registration Form**

Today's Date: \_\_\_\_\_

Class Start Date Requesting: \_\_\_\_\_

**Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Male  Female  Other

Home Phone: \_\_\_\_\_ Student Cell: \_\_\_\_\_

Parent Cell: \_\_\_\_\_ Student Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Years \_\_\_\_\_ Months

High School: \_\_\_\_\_ Town: \_\_\_\_\_

(If applicable) Permit # \_\_\_\_\_ Date Issued: \_\_\_\_\_

**Additional Questions:**

Do you wear corrective lenses for Driving? \_\_\_\_\_

Do you have any physical condition that requires special Driving Equipment in the car? \_\_\_\_\_

Do you have any special learning needs? \_\_\_\_\_ Do you take medication regularly? \_\_\_\_\_

Have you ever been convicted of a crime or had the privilege of driving suspended, revoked or otherwise limited by the RMV? \_\_\_\_\_

How Did you Hear About Us? \_\_\_\_\_ Promo Code: \_\_\_\_\_

Please explain any Yes answers here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send in with an initial deposit of at least \$300.00 to hold seat in class.