***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.