



COLORADO ACADEMY STUDENT

INFORMATION FORM FOR DRIVER'S ED CLASS 6/21/21 – 6/25/21

STUDENT/PARENT INFORMATION FORM

STUDENT FIRST, MIDDLE, LAST NAME: _____

STUDENT NICKNAME NAME: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

STUDENT HOME PHONE #: _____

STUDENT CELL PHONE #: _____

STUDENT EMAIL ADDRESS: _____

DATE OF BIRTH (MM/DD/YYYY): _____

STUDENT GENDER: MALE/ FEMALE/ OTHER

DOES STUDENT WEAR CONTACTS/GLASSES? YES/NO

DOES STUDENT HAVE ANY ALLERGIES, MEDICAL, OR PHYSICAL CONDITIONS WE SHOULD BE AWARE OF?:

HAS STUDENT RECEIVED COVID-19 VACCINATION: YES/ NO/ CHOOSE NOT TO ANSWER

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN CELL PHONE #: _____

PARENT/GUARDIAN EMAIL ADDRESS: _____