

Pre-Driver Day Application Form

Name of son /
daughter.....

Email
address.....

Address.....

.....

.....

Contact No.....

D.O.B.....

School son / daughter attends.....

Any medical details likely to affect driving.....

.....

Please indicate preferred date:

(Please note every effort will be made to accommodate your choice)

I understand and agree to a practical driving session with an approved driving instructor. This will take place away from the highway.

Name:.....(Parent/Guardian)

Signed:.....(Parent/Guardian)

I enclose a non refundable cheque for £20.00 (payable to Leicestershire County Council)

Office Use Only:

Confirmation sent:

Number: