

**DRIVER EDUCATION REGISTRATION
PARENTAL CONSENT FORM
RED CLAY ADULT EDUCATION**

STUDENT _____
(please print) first middle last

ADDRESS _____
street city state/zip

DATE OF BIRTH _____

RACE _____ **GENDER** _____

DAY SCHOOL _____

(If home schooled please include school registration # or n/a if over 18 years old)

PARENT/GUARDIAN NAME _____

HOME PHONE _____ **CELL** _____

E-MAIL _____

PARENT CONSENT

_____ Has my consent to participate in the Red Clay
(student name)
Adult Education Driver Education course.

SIGNED/DATE _____

NOTE: (by State Law, student cannot miss more than one class period)
Form can be faxed to Heather Farrell at 658-7137 or mailed to Red Clay Adult Education 1621 Telegraph Rd. Wilmington, DE. 19804 Office # 651-2709 or e-mail to heather.farrell@redclay.k12.de.us