

Addendum to Virtual Driving Agreement Form

(Please **print neatly** and attach when paperwork is submitted)

Name: _____

Address: _____

City, State, Zip: _____

Email Address for Zoom Invite: _____

Home Phone: _____ Cell Phone: _____

Permission to Text: Yes _____ No _____

Date of Birth: _____

Temporary Permit #: _____

Issue Date: _____ Exp. Date: _____

High School: _____ Dismissal Time: _____

Please list requested Dates and Times for Virtual classes and circle am or pm:

Class 1: _____ am or pm **Class 2:** _____ am or pm

Class 3: _____ am or pm **Class 4:** _____ am or pm

Class 5: _____ am or pm **Class 6:** _____ am or pm

Final Test: Date: _____ **Time:** _____ **Location:** _____

Items Attached:

Signed Virtual Agreement: Yes ___ No ___ Payment: Yes ___ No ___

~~~~~

## Office Use Only:

**Zoom Invite:** Yes No **Paperwork:** Yes No **Receipt #** \_\_\_\_\_ **Amt:** \_\_\_\_\_

**Instructor:** \_\_\_\_\_ **Comp Date:** \_\_\_\_\_ **Cert#** \_\_\_\_\_