

Alert Driving Academy Ltd

Driver Education Registration and Parental Approval

Please Print _____

(School)

Name of Student: _____

(Last Name)

(First Name)

Date of Birth: _____

Day Month Year

Grade: _____

Male: ☐

Female: ☐

Phone Number: _____

Email: _____

SGI Customer #: _____

Preference to enroll for class:

☐

Lunch

☐

After School

(3:15-5:15 pm)

I hereby grant approval for the above-named student to receive instruction in the Driver Education program offered.

Signature of Parent/Guardian

Date

TO CONTACT THE INSTRUCTOR (Sonia Sandhu)

Ph: 306 261 6200

Email: drivingeducationinfo@gmail.com