FLORIDA SHERIFFS ASSOCIATION TEEN DRIVER CHALLENGE

STUDENT INFORMATION

INCOMPLETE APPLICATIONS WILL BE RETURNED AND THE STUDENT RESCHEDULED FOR ANOTHER CLASS DATE

N/A SHOULD BE USED IN AREAS THAT DO NOT APPLY TO THE STUDENT

NAME (As it appears on drivers license)			DATE OF BIRTH 00/00/0000
RACE ☐ WHITE ☐ HISPANIC/LATINO ☐ ASIAN ☐ BLACK/AFRICAN AMERICAN ☐ HAWAIIAN/PACIFIC ISLANDER ☐ AMERICAN INDIAN/ALASKAN NATIVE ☐ OTHER	SEX ☐ Male ☐ Female	DRIVERS LICENSE NUMBER	STATE

STREET ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (If different than above)			

HOME PHONE	CELL PHONE	HIGH SCHOOL	GRADE
STUDENT EMAIL			
PARENT/LEGAL GUARDIAN		CONTACT PHONE	
PARENT/LEGAL GUARDIAN EMAIL			

Are you taking medication that would affect your ability to operate a vehicle?	☐ Yes ☐ No
Are there any health issues, allergies or disabilities we should be aware of?	☐ Yes ☐ No

Class date requested	County Sheriff's Office
Were you court ordered to attend, if so, what is your compliance date? ☐ Yes ☐ No	
Number of behind the wheel practice hours	Shirt Size

STUDENT SIGNATURE

PARENT/LEGAL GUARDIAN SIGNATURE

The following documents must be completed and accompany this form at the time of application:

- TEEN DRIVER RELEASE OF ALL CLAIMS
- STUDENT STATEMENT OF PARTICIPATION AND RELEASE OF ALL CLAIMS VEHICLE
- OWNER'S STATEMENT OF PERMISSION AND RELEASE OF ALL CLAIMS
- SEATBELT CONVINCER WAIVER (This form will be provided by the Sheriff's office if a seatbelt convincer is used during the course.)
- COPY OF STUDENTS DRIVERS LICENSE AND VEHICLE INSURANCE CARD