

# 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	SEX	DRIVERS LICENSE NUMBER		STATE
BLACK/AFRICAN AMERICAN		HAWAIIAN/PACIFIC ISLANDER		Male			
AMERICAN INDIAN/ALASKAN NATIVE		OTHER		Female			

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