

Mike's Driving School, inc.  
Graduated Driver Learner's Permit Application

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Wt: \_\_\_\_\_ Ht: \_\_\_\_\_

Driver License Number of Parent or Legal Guardian: \_\_\_\_\_

State Of Issue: \_\_\_\_\_

1. Is your driving privilege now revoked or suspended in any state? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Do you have any mental or physical disability? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Do you suffer from epilepsy, blackouts or convulsive disorders of any type? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Are you in this country legally? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "YES" to questions 1, 2 or 3 please explain (please

print): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_