

*Marvin Smith*  
***Driving School***

130 East North Street, P O Box 853, Albemarle, NC 28002-0853 (704)-982-6143 or 800-230-7252,  
[www.marvin-smith-drivingschool.com](http://www.marvin-smith-drivingschool.com) [marvin6350@carolina.rr.com](mailto:marvin6350@carolina.rr.com)

**Student Registration Form**

Full Name \_\_\_\_\_  
(Names as it appears on your birth certificate – this is required by the State of North Carolina)

Mailing Address \_\_\_\_\_  
(PHYSICAL ADDRESS)

\_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Sex: M\_\_ F\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Parent's Names \_\_\_\_\_

Class dates requested. \_\_\_\_\_ School attended \_\_\_\_\_

Phone Numbers Home \_\_\_\_\_

Parents Work \_\_\_\_\_

Cell #'s \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Activities by day of the week and times that may conflict with Driving