

Milner Driving School Application for Enrollment

Please print, complete and mail this to address at the bottom of the form
or fax to (770)-984-1246 or email to: postnote@milnerdrivingschool.com

Student Information

Date _____

Last Name _____

First Name _____ Middle Name _____

Date of Birth ____/____/____ Age _____

Name of School _____ Referred By _____

Permit # _____ Permit Date ____/____/____

Extra Activities _____ Dates _____

Parents / Guardians

(Father/ Guardian)
Last Name _____ First Name _____

Address _____

City, State, Zip _____

Home Phone (____)____-____ Day Phone (____)____-____

Cell Phone (____)____-____ Fax Phone (____)____-____

E-mail _____

(Mother/Guardian)
Last Name _____ First Name _____

(If Address is not the same) Address _____

City, State, Zip _____

Home Phone (____)____-____ Day Phone (____)____-____

Cell Phone (____)____-____ Fax Phone (____)____-____

E-mail _____

Medical Information

Allergies Medical Needs _____

Medication(s) _____

The Milner Driving School
255 Village Parkway, Suite #530
Marietta, GA 30067
770-984-9003
postnote@milnerdrivingschool.com