

Fairfax County Police Department Youthful Driver Improvement Program Registration Form

Participant's Name and Date of Birth

LAST	FIRST	MI	DOB (MM-DD-YYYY)
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Participant's Operators License

NUMBER	STATE
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Participant's Address

STREET ADDRESS	CITY	STATE	ZIP
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Participant's Contact Information

HOME PHONE	CELL PHONE	EMAIL
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Parental Information

MOTHER'S LAST NAME	MOTHER'S FIRST NAME	MOTHER'S WORK OR CELL PHONE	MOTHER'S EMAIL
FATHER'S LAST NAME	FATHER'S FIRST NAME	FATHER'S WORK OR CELL PHONE	FATHER'S EMAIL

Participant's Consent

By signing your name below you acknowledge your desire to participate in the Youthful Driver program. You also agree to comply fully with all rules and regulations while attending this training. You also grant permission to have your driving record checked through DMV.

PRINT NAME	SIGN NAME	DATE
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Parent or Legal Guardian's Consent (Mandatory if participant is under 18 years old)

By signing your name below you acknowledge that you are the parent/legal guardian of the above listed driver and give your permission for them to participate in this training. You understand the cost of the class is \$200.00 and agree to make payment upon the start of the class.

PRINT NAME	SIGN NAME	DATE
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Additional Information:

Court Ordered?

YES

NO

If Yes, Court Date Class Needs To Be

Completed By

Juvenile/Domestic Case Number

Summons Number

Judge

How did you hear about our program?

OFFICER'S COMMENTS: