

Billerica Driving School
99 Chelmsford Road, Suite #3A
North Billerica, Massachusetts 01862
978-663-8600
www.BillericaDrivingSchool.com
BillericaDrivingSchool@verizon.net

Parental Permission / Information & Acknowledgment Form

I have read the information sheet* provided by **Billerica Driving School** and understand the policies and guidelines set forth for my son/daughter _____ to obtain his/her driver's license.

I give my permission for the above named student to attend classes and receive instruction for behind-the-wheel lessons by **Billerica Driving School**, and confirm that I am his/her parent or guardian:

Parents Name: _____

Signature: _____

Date: _____

Emergency Telephone Numbers:

Mother: _____
Circle One: Home, work, or cell

Father: _____
Circle One: Home, work, or cell

* The information sheet may be picked up at our office on 99 Chelmsford Road, North Billerica, MA or found on our web page www.BillericaDrivingSchool.com under Course Information.

Parents, please remember that you child may NOT drive with any friends/passengers except siblings during the first six (6) months after getting a Driver's License.