

MV Auto School
741 A South Main Street
Haverhill, Massachusetts 01835
978-373-1640
www.mvautoschool.com
MVAutoSchool1@verizon.net

Parental Permission / Information & Acknowledgment Form

I have read the information sheet* provided by **MV Auto 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 **MV Auto 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 239 Neck Road Haverhill, Massachusetts or found on our web page www.mvautoschool.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.