

**Registration Form**

**Date:**

**MV Auto School**  
741 A South Main Street  
Haverhill, Massachusetts 01835  
978-373-1640

Class Start Date Requesting: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Years \_\_\_\_\_ Months

Permit # \_\_\_\_\_ Date Issued: \_\_\_\_\_

Do you wear corrective lenses for Driving?: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

High School: \_\_\_\_\_ Town: \_\_\_\_\_

Do you have any physical condition that would require special Driving Equipment in the car? \_\_\_\_\_

Do you have any special learning needs? \_\_\_\_\_ Do you take medication regularly? \_\_\_\_\_

Have you ever been convicted of a crime or had the privilege of driving suspended, revoked or otherwise limited by the RMV? \_\_\_\_\_

How Did you Hear About Us? \_\_\_\_\_ Promo Code: \_\_\_\_\_

Please explain any Yes answers here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send in with an initial deposit of at least \$300.00 to hold seat in class.