



GEORGIA TRAFFIC INJURY PREVENTION INSTITUTE

The Governor's Office of Highway Safety is a full partner in this program

Georgia Teens Ride with P.R.I.D.E. (Parents Reducing Injuries and Driver Error)

Parent-Teen Driver Education Registration Form

Student's Name _____
Last First Middle Initial

Student's Age _____ Student's Grade Level _____

Student's Gender Male Female

Student's Race / Ethnicity (for statistical purposes only):

White Black Asian American Indian Hispanic Other _____

Do you have your learner's permit? Yes No

Do you have your Class D license? Yes No

Are you attending this class as a recommendation/mandate of a Judge or Court System?
Yes No

How did you hear about the P.R.I.D.E. program? _____

List Parent(s) or Guardian(s) who will attend:

Name _____
Last First Middle Initial

Name _____
Last First Middle Initial

Address _____ County _____

City _____ GA Zip _____

Contact Telephone _____ E-mail _____

Parent or Guardian's Race / Ethnicity (for statistical purposes only):

Male: White Black Asian American Indian Hispanic Other _____

Female: White Black Asian American Indian Hispanic Other _____

Please indicate which class you are requesting by checking the appropriate block.

- _____
- _____

Registration is on a first-come, first-served basis. Your registration will be confirmed by mail, fax or e-mail. Classes begin promptly at _____ and are held at the address below:

Register by Phone: _____

Register by Email: _____

For more information visit: www.ridesafegeorgia.org