

BALDA DRIVING SCHOOL

3535 N. California Ave. Suite D
Peoria, Illinois 61603-1179
309 688-5631 Fax 309 688-5339
www.baldadriving.com

“Graduate to Safety” Remedial Education Course

CLASS DATE: _____/_____/_____

Please Print clearly!

1. Name on Drivers License: _____
(Last) (First) (Middle Initial)

2. Current Address: _____
(Street) (Apt. #)

(City) (State) (Zip Code)

3. Driver's License *or* State ID number: _____ - _____ - _____ (Required)

4. Birth Date: ____/____/____ (Required)

5. Sex: Male / Female (Circle One)

Phone number _____ - _____ - _____ (Home) _____ - _____ - _____ (Cell)

Students Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(If under age 18)