



School Information

Instructor's First Name: _____
Instructor's Last Name: _____
Instructor's Phone Number: _____ (ex. 555-555-5555)
Instructor's Email: _____
School Name: _____
School Address Line 1: _____
School Address Line 2: _____
School City: _____
School State: KS
School Zip: _____
USD No: _____

Student Information

Please circle the correct response.

Legal First Name: _____ **Name as it appears on Certificate of Birth**
Middle Name: _____
Second Middle Name: _____
Legal Last Name: _____
Suffix: _____ (Junior, Senior, I, II, III, IV, V VI)
Phone Number: _____ (ex. 555-555-5555)
Address Line 1: _____ (Long addresses may continue)
Address Line 2: _____
City: _____
State: KS
Zip: _____
Sex: Male _____ Female _____
Date of Birth: _____
Eye Color: _____
Corrective Lenses: Yes _____ No _____
Height: _____ Ft. _____ In
Weight in lbs: _____

Medical, Vision and License Questions

Please circle the correct response.

Are you a resident of Kansas? Yes _____ No _____
In the last 6 months, have you attempted and failed any testing 4 times at a Kansas Driver's License Exam Station? Yes _____ No _____
If yes, when: _____



Medical, Vision and License Questions cont.

Please circle the correct response.

Do you have any physical limitations that may require car modifications? Yes _____ No _____

If yes, describe: _____

Do you currently have any physical, medical, vision or mental condition(s) that could make it difficult to operate a motor vehicle safely? Yes _____ No _____

If yes, name of condition(s)/medications(s): _____

Have you suffered a seizure in the last six months? Yes _____ No _____

If yes, describe type and occurrence date: _____

Are you currently enrolled in drug rehabilitation or a habitual user of drugs or alcohol? Yes _____ No _____

If yes, describe: _____

Do you have a current Kansas driver's license? Yes _____ No _____

If yes, enter Driver's License Number: _____

Is your license now or has it ever been suspended/restricted/revoked in Kansas or any other state?

Yes _____ No _____

If yes, give date and reason.

Reason: _____

Suspension ___ Restriction ___ Revocation Date: _____ (mm/dd/yyyy)

Has your license/permit been surrendered to law enforcement due to the refusal or failure of a chemical test for drugs or alcohol? Yes _____ No _____

If yes, describe: _____

Is your license/permit suspended/canceled/revoked by any court pending review? Yes _____ No _____

If yes,

describe: _____



Medical, Vision and License Questions cont.

Vision Acuity: Right Eye 20/_____ Left Eye 20/_____

Do you need Vision Correction? Yes_____ No_____

If no, give last date vision was checked: _____ (mm/dd/yyyy)

If student has a valid permit acquired from the Driver's License exam Station (not an on-line permit) in their possession enter 20/40 for each eye as they have passed the eye test as the exam station.

Are you lawfully present in the United States? If you do not make such declaration, you will not be permitted to proceed with this permit application.

The driving school instructor acknowledges that he or she understands that the applicant's lawful presence and Kansas residency documentation must be copied and retained by the driving school for a period of two (2) years.

Check Box if you so declare. Yes_____

Do you understand that your answers to these questions, if answered falsely, may be grounds for prosecution?

Yes_____ No_____

Signature of Student: _____

Date Signed: _____

The above information supplied for data entry has been transferred to the Driver's Education Portal and is true and factual to the best of my knowledge.

Signature of Instructor: _____

Date Signed: _____

Document that can be submitted as proof of lawful presence:

- I-327 (Reentry Permit)
- o I-551 (Permanent Resident Card)
- o I-571 (Refugee Travel Document)
- o I-766 (Employment Authorization Card)
- o Certificate of Citizenship
- o Naturalization Certificate
- o Machine Readable Immigrant Visa (with Temporary I-551 Language)
- o Temporary I-551 Stamp (on Passport or I-94)
- o I-94 (Arrival/Departure Record)
- o I-94 (Arrival/Departure Record) in Unexpired Foreign Passport
- o Unexpired Foreign Passport
- o I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)
- o DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)
- o Other (Use Document description)