



### **Student Information**

Please circle the correct response.

**Legal First Name :** \_\_\_\_\_ **Applicant's full legal name on their application must match their legal documentation or will not be accepted at the exam station.**  
**Middle Name:** \_\_\_\_\_  
**Second Middle Name:** \_\_\_\_\_

**Legal Last Name:** \_\_\_\_\_

**Student Email:** \_\_\_\_\_

**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 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. Yes \_\_\_\_\_ No \_\_\_\_\_

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:** \_\_\_\_\_