



Student Information

Please circle the correct response.

Legal First Name : _____

Middle Name: _____

Second Middle Name: _____

Applicant's full legal name on their application must match their legal documentation or will not be accepted at the exam station.

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: _____