

Cornerstone Driving Institute

71 Hilliard Street,
Old Town, Maine 04468-1804
Phone: (207) 827-0200

Student Application

Name: _____
 Last **First** **Middle**

Mailing Address _____
 Street **City** **State** **Zip**

Phone: _____ Socail Security Number: _____

I am the parent or legal guardian of the above applicant and I have the legal right to give him / her permission to take this driver education course. I hereby, give permission for my son, daughter or ward, named above, to participate in a driver education program through Cornerstone Driving Institute. I have read, understand and agree to the terms and conditions of this application

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

The original and a copy of the applicant's birth certificate must be attached to this application. The original will be returned.