

North Andover Auto School
203 Turnpike Street, Suite 404,
North Andover, MA 01845
978-688-1600
www.NorthAndoverAutoSchool.com
NorthAndoverAutoSchool@verizon.net

Parental Permission / Information & Acknowledgment Form

I have read the information sheet* provided by **North Andover Auto School** and understand the policies and guidelines set forth for my son/daughter _____ to obtain his/her driver's license.

I give my permission for the above named student to attend classes and receive instruction for behind-the-wheel lessons by **North Andover Auto School**, and confirm that I am his/her parent or guardian:

Parents Name: _____

Signature: _____

Date: _____

Emergency Telephone Numbers:

Mother: _____
Circle One: Home, work, or cell

Father: _____
Circle One: Home, work, or cell

* The information sheet may be picked up at our office on 203 Turnpike Street, Suite 404, North Andover, MA or found on our web page www.NorthAndoverAutoSchool.com under Course Information.

Parents, please remember that you child may NOT drive with any friends/passengers except siblings during the first six (6) months after getting a Driver's License.