



3141 E Beardsley Rd
Suite 120
Phoenix, AZ 85050

(602) 942-4711

www.northstarschoolofdriving.com

PARENT APPROVAL FORM

Date: _____

- I hereby give my consent for my (son) or (daughter) _____ To be enrolled in the Northstar School of Driving Driver Education Course.
- I am aware that this course includes practice driving instruction in a dual-control equipped automobile.
- I am aware that a Certificate of Completion will be awarded upon the student's successful completion of the driving course.

Signature of Parent or Guardian: _____

Phone Number: _____

Date of Class: _____

Student Name: _____

Address: _____

Student Phone Number: _____

For questions please call us at 602-942-4711