

 Millville, NJ 08332 (856)327-3481 business (856)362-3925 cell

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(STUDENT’S FULL BIRTH NAME)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(ADDRESS)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(CITY) (COUNTY) (STATE) (ZIP CODE)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ M / F**

 **(DATE OF BIRTH) (AGE) (GENDER)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(EYE COLOR) (WEIGHT) (HEIGHT)**

**\_\_\_\_\_\_\_\_** - \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(SOCIAL SECURITY NUMBER) PARENT/GUARDIAN SIGNATURE**

**PARENT CELL PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT CELL PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*\*\*Email Address for scheduling ROAD TEST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHECKLIST 16 Years Old**

1. Fill out the above information
2. Bring your **ORIGINAL BIRTH CERTIFICATE** (**NOT A PHOTOCOPY**). It must be the birth certificate filed with the Vital Statistics Office **OR** a US passport.
3. A **COPY or ORIGINAL** Social Security Card
4. **ONLY IF YOU DON’T HAVE GREEN FORM FROM DMV.** Go to <https://www.state.nj.us/mvc/about/forms.htm> scroll down to **BA-412D -Student Learner’s Permit Form.** Complete the form with your personal information and type “Thompsons Driving School” for the **Name of School** space. The following spaces must remain blank: **DRIVER LICENSE NUMBER, Instructor ID, School Wall License No., Signature of Principal or Person Operating Duly Licensed School**. When complete, print the form and complete a penned parent signature and penned student signature with date.
5. Bring payment of $390.00 in cash, check, money order (Check made payable to **Thompsons Driving School**)
6. Bring $10 cash or check (made payable to **NJMVC**) for the purchase of permit
7. Bring your paper that you passed the written exam from Driver Education Class
8. Return this paper and all of the above items to your instructor