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## VIRGINIA DRIVER EDUCATION FOR HOME SCHOOL STUDENTS

### APPLICATION FOR ENROLLMENT

**Please complete and send this application, along with a letter from the district superintendent acknowledging you are home-schooled (or a copy of your parent's notice of intent to the superintendent of his/her intent to home school you) via email to [info@driveredto.com](mailto:info@driveredto.com), or via fax to (424) 702-3356. Alternatively, you may mail it to our corporate office at the above address.**

**Please register for the Virginia home-schooled driver ed course at [www.driveredto.com](http://www.driveredto.com). In addition to providing a valid email address, you will be asked to create a Username and Password. Once confirmed, please print them here, along with your email address:**

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Valid Email Address: \_\_\_\_\_

**Please supply some information about yourself:**

First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_ City/town: \_\_\_\_\_ State: **Virginia** Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**(OVER)**

**Are you a resident of Planning District 8?**

(Counties of Arlington, Fairfax, Loudoun and Prince William OR cities of Alexandria, Fairfax, Falls Church, Manassas and Manassas Park)

Yes / No

**Birthdate (MM/DD/YYYY):** \_\_\_\_\_

**Current Age:** \_\_\_\_\_

**Please provide the first and last name of your parent/guardian who will serve as your instructor:**

**Parent's First Name:** \_\_\_\_\_

**Parent's Last Name:** \_\_\_\_\_

**Do you currently have a Learner's permit? Yes / No**

If yes, enter your learner's permit number below. This is an 8 digit number beginning with a letter. SAMPLE: A12345678

\_\_\_\_\_

**Student Signature:**

\_\_\_\_\_

**Parent/Instructor Signature:**

\_\_\_\_\_

**Date:** \_\_\_\_\_