Student Declaration form

Please print, complete and hand to your instructor on your first lesson.

One Way About You: School of Motoring Full Name: Address: **Drivers Licence No:** Contact No: 1 Do you need to wear glasses to drive? Y / N 2 Do you have a medical condition that is notifiable to the National Insurance No: DVSA? Y / N If yes to question 2 then please specify below: (National Insurance number is needed to validate your driver's license number.) Next of Kin: In case of an emergency who do we need to contact? Name: Relationship: Contact No: Please sign and date below: By signing this Student declaration, you confirm that the information disclosed is correct and that you've read, understood and agree to the terms and conditions of One Way School Of Motoring. All information disclosed will be considered confidential. No duplicates and disposed of securely.