

Sussex Driving School

93 Spring Street, Suite 506
Newton, NJ 07860
973-209-1555
NJ License # 00107



VISION TEST FOR STUDENT LEARNER PERMIT

Student Name: _____ Eye Color: _____

Vision	WOG	R20/	L20/	B20/
	WG	R20/	L20/	B20/

Signature of School Nurse: _____ Date: _____

Sussex Driving School – STUDENT INFORMATION FORM



STUDENT NAME: _____

ADDRESS: _____

CONTACT PHONE NUMBER: _____

EMAIL ADDRESS: _____

HIGH SCHOOL: _____

DATE OF BIRTH: _____

NAMES OF PARENTS: _____

DATES AND TIMES AVAILABLE TO DRIVE: _____

DIRECTIONS TO YOUR HOUSE FROM ANY MAIN ROAD:

STUDENT – PLEASE CHECK AND ENCLOSE IN ENVELOPE

- ___ APPLICATION CARD
- ___ NJ WRITTEN TEST CARD
- ___ ORIGINAL BIRTH CERTIFICATE OR US PASSPORT
- ___ VISION TEST FORM
- ___ COMPLETED INFORMATION FORM