

Nicky Scott Driving Tuition - Pupil Information Sheet

		
Name		Medical Conditions
Address		
	Postcode	Other Information
Home Tel		
Work Tel Email		
		Licence No
		Expiry Date
		DSA Tel: 0300 200 1122
	Contact Information	
Name Home Tel Mobile No Work Tel		Theory Test Date
		Theory Pass Date
		Certificate No
		Decelled Test Date
		Practical Test Date
D.O.B.		Time of Test
Eyesight Check (20.5m)		Location of Test
		Booking Ref No
		Special Requirements
		Test Category Car -B
		Practical Pass Date
	and tests, and to ensure that the serv	nal details to keep you informed of matters directly related to ice provided meets your needs. I will not pass on your details
booked for you	ou will be charged the full hourly rate.	icy. If you cancel a lesson within 24 hours of the time it is . If I cancel a lesson within 24 hours I will provide you with yould be unsafe to proceed with a lesson due to bad weather, ges or free lessons will apply.
Please sign to	say that you have read, understood	and accepted these conditions.
Name		To be signed by a parent or guardian if the pupil is under 18
Signature		
Date		