The information you provide below will be used to notify you of the most important ways to keep your child safe behind the wheel.
Please provide the best number to contact you if you would like someone from In Control to call and help you register now

Parent Information					Teen Information	
First Name	Last Name	Insurance Provider	Email Address or *Phone Number*	Zip	High School	Lic. Date

School Name _____ Instructor _____

Date: _____ # Parents in Attendance ___ Sheet ____ of _____

IN CONTROL
CRASH PREVENTION TRAINING

www.DriveInControl.com / (888) 301-SAFE