**ID #:**

**ECU’s OCCUPATIONAL THERAPY DRIVING**

**AND COMMUNITY MOBILITY BOOTCAMP APPLICATION**

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| --- | --- |
| **Current Date** |  |
| **Full Name** |  |
| **Sex (M/F)** |  | **Current or Finished Grade in School** |  |
| **Age** |  | **Date of Birth** (MM/DD/YYYY) |  |
| **Phone** |  |
| **Email** |  |
| **Home Address** |  |

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| --- |
| **Parent Contact Information** |
| **Mother’s Full Name** |  | **Phone** |  |
| **Mother’s Address** |  |
| **Mother’s Email** |  |
| **Father’s Full Name** |  | **Phone** |  |
| **Father’s Address** *(put same if it is the same as mother)* |  |
| **Father’s Email** |  |

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| **Additional Information** |
| **Has your son/daughter had formal driver’s education classes?** | **Circle/Highlight: NO YES****If yes, month and year completed:** |
| **Does your son/daughter currently have a driver’s permit?** | **Circle/Highlight: NO YES****If yes, expiration date (month and year):** |
| **Does your son/daughter currently have a driver’s license or had one in the past?** | **Circle/Highlight: NO YES****If yes, expiration date (month and year):** |
| **Please state the reason for wanting to participate in the ECU Driving Bootcamp** |  |
| **In April/May, we will be contacting you to schedule an interview and evaluation time for May/June/July. This will require your son/daughter to be with us for 2-3 hours. Please add any other important information in the space below or attached.** |