

Milner Driving School Application for Enrollment

Please print this form, complete the necessary information below, and mail to address below or fax to (770) 984-1246.

The Milner Driving School
266 Village Parkway NE
Marietta, GA 30067

Student Information Date _____

Last Name _____

First Name _____ Middle Name _____

Date of Birth ____/____/____ Age _____

Name of School _____ Referred By _____

Permit # _____ Permit Date _____

Extra Activities _____ Dates _____

Parent or Guardian

Last Name _____ First Name _____

Relationship _____

Address _____

City, State, Zip _____

Home Phone (____)____-____ Day Phone (____)____-____

Cell Phone (____)____-____ Fax Phone (____)____-____

Email _____

Medical Information

Allergies _____

Medical Needs _____

Medication(s) _____