

North Andover Auto School  
203 Turnpike Street, Suite 404,  
North Andover, MA 01845  
978-688-1600  
www.NorthAndoverAutoSchool.com  
NorthAndoverAutoSchool@verizon.net

Parental Permission / Information & Acknowledgment Form

I have read the information sheet\* provided by **North Andover Auto School** and understand the policies and guidelines set forth for my son/daughter \_\_\_\_\_ to obtain his/her driver's license.

I give my permission for the above named student to attend classes and receive instruction for behind-the-wheel lessons by **North Andover Auto School**, and confirm that I am his/her parent or guardian:

Parents Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Telephone Numbers:

Mother: \_\_\_\_\_  
Circle One: Home, work, or cell

Father: \_\_\_\_\_  
Circle One: Home, work, or cell

\* The information sheet may be picked up at our office on 203 Turnpike Street, Suite 404, North Andover, MA or found on our web page [www.NorthAndoverAutoSchool.com](http://www.NorthAndoverAutoSchool.com) under Course Information.

**Parents, please remember that you child may NOT drive with any friends/passengers except siblings during the first six (6) months after getting a Driver's License.**