

STATE OF HAWAII
Department of Transportation

ACKNOWLEDGMENT OF PRACTICE DRIVING

STATE OF HAWAII, _____ } SS.
_____ COUNTY OF _____ }

I, _____, do solemnly swear or affirm under penalty of perjury that I am a parent or legal guardian of _____ (minor), and that based on my personal or otherwise reasonably obtained knowledge, said minor has completed forty hours of day-time driving, and ten hours of night-time driving, supervised by a licensed driver over the age of eighteen.

Subscribed and sworn to before me this _____
day of _____, 20_____

Signature of Parent/Guardian

My commission expires:



(808)280-9985

afc1@gmail.com

Teen Registration

\$180.00 for 30 hours classroom only

\$390.00 For 30 classroom and 6 hours behind the wheel

Name _____ Grade(if applicable) _____ Age _____

Date of Birth(mm/dd/yyyy) _____ Student Phone _____

Permit # _____ Expiration Date _____

Street _____ City/State _____

Parent/Guardian _____

Parent/Guardian Phone _____

Student's school _____

****All State/City & County fines are the responsibility of the parent/student**

Important Information:

Include full payment (Check, money order)

Send completed form and payments to :

**A First Choice Driving School
124 Puuala Street
Kula, Hawaii 96790**