## DRIVER'S LICENSE TESTING AUTHORIZATION FORM

## Middletown Area School District

го:	The Parent/Guardian of _	
FROM:	Charles D. Bowen	
SUBJECT:	Consent for Driver Testing	
DATE:		_
Your son/daughter will soon be completing the on-the-road phase of our Behind-The-Wheel Program. We are satisfied with the level of driving performance displayed by your teenager and pelieve that he/she could qualify for a driver's license. In an effort to make this decision mutually agreeable, we require your consent before we schedule a test date.		
sufficient dri nsurance th	ving time in the family vehicl	ny number of reasons including poor grades, a lack of e(s), a poor attitude, not ready for the increased cost of want to work with you and will schedule a test when edy to be licensed.
-	our child to take the Driver's day of the test:	Test they <b>MUST HAVE</b> in their possession the following
2. This <i>A</i> 3. The 6	d permit - <b>SIGNED</b> Authorization Form - <b>COMPL</b> 55-hour Certification Form (I nt/guardian in the presence	DL-180C) which must be <b>NOTARIZED OR SIGNED by a</b>
which will th a camera car	en certify that it is a Tempor d in the mail for your child to	the Driver's Test, Mr. Bowen will stamp their permit, ary License valid for 120 days. PennDOT will then send o obtain their picture license.
		be tested to qualify for a Pennsylvania Driver's License.
Parent/Guardian	 Signature	