DE 99 Information

InSpire KC Driving School
416 N. 5th Street, Kansas City, KS 66101
913-206-0518

DE 99 Information		
Legal first name:		
Middle name:		
Second middle name:		
Legal last name:		
Suffix:		
Phone Number:		
Address line 1:		
Address line 2:		
City:		
State:	**Zip:**	**Sex:**
Date of birth:	**Eye Color:**	
Corrective lenses:	**Height/Weight:**	

Medical, Vision, and License

Are you a resident of Kansas?	Yes	No	Do you have a current or expired Kansas driver's license, Instructional Permit or ID?	Yes	No
In the last 6 months, have you attempted and failed any testing 4 times at a Kansas Driver License Exam Station?	Yes	No	If yes, enter Driver's License Number:		
If Yes, date of last test:			Expiration Date:		
Do you have any physical limitations that may require car modifications?	Yes	No	Is your license now or has it ever been suspended/restricted/revoked in Kansas or any other state?	Yes	No
If yes, describe:			If yes, give date and reason:		
Do you currently have any physical, medical, vision or mental condition(s) that could make it difficult to operate a motor vehicle safely?	Yes	No	Has your license/permit been surrendered to law enforcement due to the refusal or failure of a chemical test for drugs or alcohol?	Yes	No
If yes, name of condition(s):			If yes, describe:		
Have you suffered a seizure in the last six months?	Yes	No	Is your license/permit suspended/canceled/revoked by any court pending review?	Yes	No
If yes, describe type and occurrence date:			If yes, describe:		
Are you currently enrolled in drug rehabilitation or a habitual user of drugs or alcohol?	Yes	No	Are you lawfully present in the United States?	Yes	No

If yes, describe:	

Do you understand that your answers to these questions, if answered falsely, may be grounds for prosecution? Yes or No

Signature of Student: _____

Date Signed: _____

Acuity

Right eye: 20/ _____

Left eye: 20/ _____

Do you need vision correction? Yes No

Date vision was last checked: _____

The above information supplied for data entry has been transferred to the Driver's Education Portal and is true and factual to the best of my knowledge.

Signature of Instructor: _____

Date Signed: _____