

IMPAIRED DRIVER REHABILITATION PROGRAM

School Registration Form

First Name: _____ Middle Initial: _____ Last: _____

Address: _____

Telephone:(Home) _____ (Cell) _____

Date of birth: _____

Number of Alcohol Related Driving Offenses: _____ State(s): _____

BAC Results: _____ License Number (if available) _____

Reason Attending this School: First DWI in Vermont Second DWI in Vermont

Civil Suspension in state of _____

Court/Probation ordered in state of _____

DWI in another State: Date(s) _____

State(s) _____

Other _____ in state of _____

Years of education: _____ Currently Student: Yes _____ No

Marital Status: Single Married Divorced/Separated Other _____

Employment Status: Unemployed Employed: Full Time Part Time

Employer: _____ Number of years _____

Any disabilities or accommodations that IDRP should be aware of? No Yes

If yes, Explain:

Signature: _____ Date: _____

Office Use Only

Date Fees Paid _____

School Location: _____

Intensive Program

School Class Number: _____

Start Date: _____