Hover form fields for instructions.

Coral Springs Police Department
Teen Safe Driving Program Application

Name _____ Date of birth _____ School name _____

Home address Street _____ City _____ State _____ ZIP Code _____

Home phone _____ Cell phone _____ FL drivers license number _____ Parent/guardian name _____

Applicant signature & date _____

Parent/guardian signature & date _____

Print this application and return it to your school resource officer with a copy of your Florida driver's license.

Print Form