



TAI SOLARIN UNIVERSITY OF EDUCATION

DRIVING SCHOOL



■ ADDRESS: DEPARTMENT OF TECHNICAL EDUCATION ■ TEL:08035022639, 08083960002

APPLICATION FORM

AFFIX
RECENT
PASSPORT

Surname

Other Names

Date of Birth Sex: M F State of Origin

Residential Address

Phone no

E-mail

Occupation

Name of Next of Kin

Phone No

Relationship

TO BE COMPLETED AT TASUED HEALTH CENTRE

Height Blood Group Eye Glasses Yes No Facial Marks Yes No
(m/cm) Genotype

Disability
Yes No If yes specify

Visual Acuity Test Date (dd/mm/yy)
Perfect Fair Bad

FOR OFFICIAL USE ONLY

Class of driver's license desired
A B C D E F G H I

Road Sign Test
Excellent Good Fair Poor

Driving Test
Excellent Good Fair Poor

Learner's Permit
Yes No