

Registration Form

Name:	Date of Birth:				
Address:		City:			
State:	Zip:Nun	nber family members li	ving at this address_		
Home Phone:	Cell Phone:	Email:			
be transported to tl	unable to make my wishes known ne nearest medical facility. In cas	e of Emergency pleas	e contact:	-	
Phone (Home):	Phone (Cell): _		Phone (Work):		
Permanent Residen Do you receive stat	orn in the United States? Y N t/Employment Authorization Car te assistance? Y N If yes, Re	d #ecipient Name:			
Are you under 18?					
Parent/Legal Guard	ian Name:	Relationship:			
Home Phone:	Cell Phone:	Email:			
I certify (promise) that al information. I understand	e signed by either by the adult so information on this application is true and that if I purposely give false information, I unds used to cover program costs before I o	d correct. I understand that for my child may be denied	school officials may verij entry into this program o	fy (check) the or that I may be required	
Sign Here:	Print Na	ne:	Date: _		
	photocopy of the student' ment Authorization card a		•		
_	udes 32 hours of in-class instruervation. Classes take place on M		_		
I would like to re	gister for the 2023 – 2024 Ca	alendar:			
_	I 1 – Cancelled I 3 – Feb. 12 – April 8, 2024 I 5 – July 1 – Aug. 21, 2024		☐ CLASS SESSION 2 – Cancelled ☐ CLASS SESSION 4 – April 22 – June 17, 2024		
	<mark>n payments must be paid to gu</mark> o openings in your chosen clas				
	on payment is <u>non-refundable</u> . (Please write "Driving School" and		• •		
	o be Completed by New An	nerican Driving Sc	hool Staff		
Tuition Cost \$	PAID IN FULL Date:	Cash \$	or Ck#	\$	
Copy of the	student's Non-Driver's ID, Perma	nent Resident or Emp	oloyment Authoriza	ation is attached.	