Application for Admission

Contact Information... Student Legal Name (First, M.I., Last): Street Address City, State ZIP Code Home Phone Parent's Name/Phone# School Age (Years): (Months): (Date of Birth): Emergency Contact/Phone# (If parent cannot be reached): Parent/Guardian Signature (Date): In Which Class Would You Like To Be Enrolled? Start Date: _____ Class Time: _____ ____ \$205 Deposit Enclosed ____ \$410 Full Payment Enclosed ____ Other Amount Enclosed | \$_____ Names of Students with Whom You Will Be Carpooling, If Any... When Do You Prefer to Schedule Driving Lessons? Check One: ___Weekends | ___Weekdays | ___We're Flexible Payment Information (Visa/Mastercard)... Cardholder Name (printed) Card Number **Expiration Date** (Mo/ Year): Amount to be Charged Cardholder's Signature (Date):