

# 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: \_\_\_\_\_

\_\_\_ \$215 Deposit Enclosed

\_\_\_ \$430 Full Payment Enclosed

\_\_\_ Other Amount Enclosed | \$\_\_\_\_\_

## Names of Students with Whom You Will Be Carpooling, If Any...

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## 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):	