



**STUDENT REGISTRATION FORM**

DATE OF REGISTRATION \_\_\_\_\_

DATE OF CLASS \_\_\_\_\_ TIME OF CLASS \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ CELL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

HIGH SCHOOL OR SCHOOL ATTENDING \_\_\_\_\_

**PARENT APPROVAL**

I HEREBY GIVE CONSENT FOR MY SON/DAUGHTER TO BE ENROLLED IN THE DRIVING ACADEMY DRIVER EDUCATION COURSE. I AM AWARE THAT THIS COURSE INCLUDES THIRTY (30) HOURS OF CLASSROOM INSTRUCTION AND SIX (6) HOURS OF IN-CAR INSTRUCTION. CLASSROOM INSTRUCTION AND DRIVING INSTRUCTION ARE SEPARATE.

A DEPOSIT OF \$100 IS REQUIRED AT TIME OF REGISTRATION. THIS IS APPLIED TO THE TOTAL FEE OF \$375.00 AND IS NON-REFUNDABLE IF STUDENT DOES NOT SHOW UP FOR CLASS. THE BALANCE OF THE CLASS FEE IS DUE BY THE FIRST DAY OF CLASS. CDE FORMS WILL BE ISSUED WHEN FULL PAYMENT IS RECEIVED.

*THERE IS A \$25 FEE FOR RETURNED CHECKS.*

*A \$50, NO SHOW FEE WILL BE ASSESSED FOR THE FOLLOWING:\**

- 1. LESS THAN 24 HOUR CANCELLATION NOTICE*
- 2. NOT HAVING BOTH COPIES OF PERMIT WHEN DRIVING*
- 3. IMPROPER FOOTWEAR*

*\*NO EXCEPTIONS*

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

PRINTED NAME OF PARENT OR GUARDIAN \_\_\_\_\_

**DRIVING ACADEMY**  
**3015 MERIDIAN MEADOWS RD.**  
**GREENWOOD, INDIANA 46142**  
**(317) 534-0016**

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**10330 COLDWATER RD.**  
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