



REGISTRATION FORM

A LEARNERS PERMIT IS NOT REQUIRED TO BEGIN CLASSROOM LESSONS

Print your full name as it will appear on your permit/drivers license: (please print clearly)

Student First Name	Full Middle Name	Student Last Name
No. & Street Address	City, ZIP	High School
Permit Number & Date Obtained Permit	Date of Birth	Student Email
Home Telephone Number	Student Cell Phone Number	Parent/Guardian Cell Phone and/or Work Number
Referred By: First & Last Name and Address		Parent/Guardian Email

Please fill in the class session & location you are registering for:

Please make checks payable to: Triad Driving Academy
A \$250 deposit is requested at time of registration.

***** **FOR OFFICIAL USE ONLY** *****

Total Cost:	_____	Includes Classroom, Driving, Parent Class and RMV Certificate
Deposit:	_____	Date: _____ Cash, Check, MasterCard, Visa
Total Due:	_____	
Payment:	_____	Date: _____ Cash, Check, MasterCard, Visa
Balance:	_____	
Payment:	_____	Date: _____ Cash, Check, MasterCard, Visa
Balance:	_____	
Payment:	_____	Date: _____ Cash, Check, MasterCard, Visa
Balance:	_____	

Reg. Form 06/03/2009