



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 you are registering for:

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

***** **FOR OFFICE USE ONLY** *****

Total Cost:	<u> \$750.00 </u>	Includes Classroom, Driving, Parent Class and RMV Certificate
Deposit:	<u> </u>	Date: <u> </u> Cash, Check, MasterCard, Visa
Balance:	<u> </u>	
Payment:	<u> </u>	Date: <u> </u> Cash, Check, MasterCard, Visa
Balance:	<u> </u>	
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Balance:	<u> </u>	

Reg. Form 12/09/2011