



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 or Initial	Student Last Name
No. & Street Address	City and ZIP	High School, if applicable
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 \$350 deposit is requested at time of registration.

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

Total Cost: _____ **Includes:** _____

Deposit: _____ **Date:** _____ **Cash, Check, MasterCard, Visa, Discover**

Total Due: _____

Payment: _____ **Date:** _____ **Cash, Check, MasterCard, Visa, Discover**

Balance: _____

Payment: _____ **Date:** _____ **Cash, Check, MasterCard, Visa, Discover**

Balance: _____

Payment: _____ **Date:** _____ **Cash, Check, MasterCard, Visa, Discover**

Balance: _____

Reg. Form 4/7/2019