

# Teen Class Registration Form



I. **Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Student's Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
**Permit #** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Parent's Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

## II. How did you hear about us?

- |  |  |
|--|--|
| <input type="checkbox"/> Recommended by family or friend | <input type="checkbox"/> Facebook          |
| <input type="checkbox"/> Google                          | <input type="checkbox"/> Yelp              |
| <input type="checkbox"/> Online advertising              | <input type="checkbox"/> Radio advertising |
| <input type="checkbox"/> Other (Please specify) _____    |  |

**If you purchased your courses online, skip to section V.**

## III. Services you are ordering:

- |   |       |
|---|-------|
| <input type="checkbox"/> 30 Hours Classroom, 8 Hours of Driving Instruction, <i>no driving test</i> | \$525 |
| <input type="checkbox"/> 30 Hours Classroom, 8 Hours of Driving Instruction, Driving Test           | \$600 |
| <input type="checkbox"/> Drug and Alcohol Program (8 hours, classroom only)                         | \$125 |
| <input type="checkbox"/> Other (Please specify) _____   |       |

## IV. Payment Options

- |  |               |
|--|---------------|
| <input type="checkbox"/> Check # and Date: _____ | Amount: _____ |
| <input type="checkbox"/> Credit Card # _____     | Amount: _____ |
| Exp. Date: _____                                 |               |
| <input type="checkbox"/> Cash _____              | Amount: _____ |
| Receipt Number: _____                            |               |
| Balance due (If applicable): _____               | Amount: _____ |

V. **Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_