

# EZ STREET DRIVING SCHOOL

## ENROLLMENT FORM

(Please Print Clearly)

### STUDENT'S INFORMATION :

FIRST NAME:	LAST NAME:	
HOME PHONE #:	CELL PHONE # :	
ADDRESS:		
CITY:	ZIP:	
STUDENT'S EMAIL ADDRESS:		
DATE OF BIRTH:	AGE:	HIGH SCHOOL:

### PARENT'S INFORMATION: (For students under 18 years of age)

FIRST NAME:	LAST NAME:
PARENT'S EMAIL ADDRESS:	

### AGREEMENTS

1. I UNDERSTAND THAT I AM ELIGIBLE TO TAKE A WRITTEN TEST AT DMV TO GET MY LEARNER'S PERMIT ONCE I'VE COMPLETED THE DRIVER EDUCATION AND **HAVE PAID TO BE ENROLLED** IN THE DRIVER'S TRAINING BEHIND-THE-WHEEL COURSE.
2. I UNDERSTAND THERE IS A \$10.00 FEE TO REPLACE A LOST CERTIFICATE.
3. I UNDERSTAND THAT \$25.00 WILL BE CHARGED IF I CANCEL, DECIDE NOT TO COMPLETE THE PROGRAM AND ASK FOR A REFUND.
4. I UNDESTAND THAT \$25.00 WILL BE CHARGED IF ANY APPOINTMENT FOR BEHIND-THE-WHEEL IS CANCELLED WITHOUT A 24-HOUR NOTICE.
5. I UNDERSTAND THAT I MUST FINISH **WITHIN 6 MONTHS FROM THE DATE I ENROLL**, OTHERWISE THIS CONTRACT WILL EXPIRED. IF I DECIDE TO ATTEND AGAIN, I MUST PAY AGAIN.

<b>PARENT'S SIGNATURE:</b> _____	DATE: _____
<b>STUDENT'S SIGNATURE:</b> _____	DATE: _____

### OFFICE USE ONLY

ENROLLMENT OF B/W.....	EF# _____	DATE: _____			
COMPLETION OF B/W.....	JL# _____	DATE: _____			
COMPLETION OF DR.ED.....	IJ# _____	DATE: _____			
PAID\$	DATE:	CC #:	CHECK #:	CASH:	BALANCE: