

# GRAND PRIX DRIVING SCHOOL

508-771-1227

## ADULT DRIVING LESSON OR LIMITED PARTICIPATION ENROLLMENT SHEET

PLEASE PRINT CLEARLY AND USE YOUR FULL LEGAL NAME

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ PERMIT # \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

ON CAPE ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

WORKPLACE \_\_\_\_\_ TOWN \_\_\_\_\_

SCHOOL \_\_\_\_\_

PRIMARY LANGUAGE SPOKEN AT HOME \_\_\_\_\_

STUDENT CELL# \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ALTERNATE CONTACT NAME & CELL # \_\_\_\_\_

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ALL THE INFORMATION LISTED IN THIS PACKET INCLUDING: ALL APPOINTMENTS MUST BE CANCELLED 24 HOURS IN ADVANCE TO AVOID THE \$60 CANCELLATION CHARGE.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(IF STUDENT IS UNDER 18)

DATE PAID \_\_\_\_\_ AMOUNT \_\_\_\_\_

CHECK # \_\_\_\_\_ CASH \_\_\_\_\_ CREDIT CARD \_\_\_\_\_

OFFICE USE ONLY

### INITIAL APPOINTMENT

DATE:

TIME:

INSTRUCTOR:

BB

CLASS LETTER RECEIVED