



# Grand Prix Driving School



## Enrollment

**PLEASE PRINT CLEARLY AND USE FULL LEGAL NAME**

**A COPY OF LEARNER'S PERMIT OR COPY OF BIRTH CERTIFICATE **MUST** BE RETURNED WITH ENROLLMENT FORM.**

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

D.O.B. \_\_\_\_\_ PERMIT # \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN & ZIP CODE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ TOWN & ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ PARENT CELL(S) \_\_\_\_\_

STUDENT CELL \_\_\_\_\_ STUDENT **E-MAIL** ADDRESS \_\_\_\_\_

WHAT SCHOOL DO YOU CURRENTLY ATTEND? \_\_\_\_\_ GLASSES OR CONTACTS? \_\_\_\_\_

**Please** include a description of any learning or physical issues we should be aware of such as **IEP** plans, hearing loss, language barrier, ect. Also, any special schedule arrangements such as "will be missing the first day of class" and any other information you would want us to know. \_\_\_\_\_

ENROLLMENT IS PROCESSED WITH A **NON-REFUNDABLE** PAYMENT OF \$300.00

COURSE MONTH \_\_\_\_\_ DATES \_\_\_\_\_ LOCATION \_\_\_\_\_

DATE PAID \_\_\_\_\_ AMOUNT \_\_\_\_\_ CK# \_\_\_\_\_ CASH \_\_\_\_\_ MONEY ORDER \_\_\_\_\_ CREDIT \_\_\_\_\_

TO PAY WITH CREDIT OR DEBIT CARD, PLEASE CALL THE OFFICE.

Unless paid in full your next payment of \$100 is due the first full month after class. It does not matter if the student has scheduled driving or not.

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE INFORMATION IN THE NUTS AND BOLTS, AND I AM AT LEAST **15 YEARS AND 9 MONTHS OLD** (TO THE DAY) BY CLASS START DATE.

PRINT PARENT NAME \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

NAME OF PARENT ATTENDING 2-HOUR PARENT CLASS \_\_\_\_\_

DATE OF PARENT CLASS CHOSEN \_\_\_\_\_