

GRAND PRIX DRIVING SCHOOL

ENROLLMENT FORM

PLEASE PRINT CLEARLY AND USE FULL LEGAL NAME

A COPY OF LEARNER'S PERMIT, BIRTH CERTIFICATE, PASSPORT, OR OFFICAL STATE ID MUST BE RETURNED WITH THIS ENROLLMENT FORM

LAST NAME _____ FIRST _____ MIDDLE INITIAL _____

D.O.B. _____ PERMIT # _____ DATE ISSUED _____

ON CAPE ADDRESS _____ TOWN & ZIP _____

MAILING ADDRESS (IF DIFFERENT) _____ TOWN & ZIP _____

PARENT CELL(1) _____ PARENT CELL(2) _____

STUDENT CELL _____ HOME PHONE _____

STUDENT EMAIL _____ PARENT EMAIL _____

SCHOOL CURRENTLY ATTENDING _____ GLASSES OR CONTACTS? YES NO

- Do you have any learning or physical issues we should be aware of such as **IEP** plans, 504 plans, hearing loss, language barrier, anxiety, ADHD etc.? YES NO
- Are there any special schedule arrangements such as "will be missing first day of class" or "moving at summer's end" or other information you would want us to know? YES NO

IF YES TO EITHER PLEASE EXPLAIN _____

ENROLLMENT IS PROCESSED WITH A **NON-REFUNDABLE** PAYMENT OF \$300

COURSE MONTH _____ DATES _____ LOCATION _____

DATE PAID _____ AMOUNT _____ CK# _____ CASH _____ 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 THE START OF CLASS.
IT DOES NOT MATTER IF THE STUDENT HAS DRIVEN 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.

PARENT SIGNATURE _____ PARENT NAME _____

DATE OF PARENT CLASS CHOSEN _____

STUDENT SIGNATURE _____ DATE _____