



REGISTRATION FORM

A LEARNER'S PERMIT IS NOT REQUIRED TO BEGIN CLASSROOM LESSONS

Print your full name as it will appear on your permit/driver's license: (please print clearly)

| | | |
|--|---------------------------|---|
| Student First Name | Full Middle Name | Student Last Name |
| No. & Street Address | City and ZIP | High School |
| Permit Number & Date Obtained Permit | Date of Birth | Student Email |
| Home Telephone Number | Student Cell Phone Number | Parent/Guardian Cell Phone and/or Work Number |
| Referred By: First & Last Name and Address | | Parent/Guardian Email |

Please fill in the services you are registering for:

Please make checks payable to: Triad Driving Academy
A deposit is requested at time of registration.

***** **FOR OFFICIAL USE ONLY** *****

Total Cost: _____

Deposit: _____ **Date:** _____ **Cash, Check, Credit Card**

Total Due: _____

Payment: _____ **Date:** _____ **Cash, Check, Credit Card**

Balance: _____

Payment: _____ **Date:** _____ **Cash, Check, Credit Card**

Balance: _____