



**REGISTRATION FORM**

A LEARNERS PERMIT IS NOT REQUIRED TO BEGIN CLASSROOM LESSONS

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

Student First Name	Full Middle Name	Student Last Name
No. & Street Address	City, 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 list any special medical and/or learning disabilities your child has that may affect their operation of a motor vehicle:

Class session requested \_\_\_\_\_  
 Please make checks payable to: East Coast Driving School Inc.  
 A \$299 deposit is requested at time of registration.

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

Total Cost: _____	Includes Classroom, Driving, Parent Class, Observation
Deposit: _____	Date: _____ Cash, Check, MasterCard, Visa
Total Due: _____	
Payment: _____	Date: _____ Cash, Check, MasterCard, Visa
Balance: _____	
Payment: _____	Date: _____ Cash, Check, MasterCard, Visa
Balance: _____	
Payment: _____	Date: _____ Cash, Check, MasterCard, Visa
Balance: _____	

Reg. Form 06/13/2009