

Certified Driving School, Inc., Driving 4 Teens -- Enrollment Form

Check one: Silver Teen Program* Gold Teen Program* Adult Program** Other:

Silver or gold Teen Class: Date: _____ Time: _____

Student Information:

Legal Last name: _____ Legal first name: _____ Middle Initial _____

Student's date of birth (mm/dd/yy) _____ Sex: Male Female

Address: _____ City _____ Zip _____

Home phone: (____) _____ Student's cell phone (____) _____

Mother's name _____ Mother's cell (____) _____

Father's name _____ Father's cell (____) _____

Student's email _____ Parent's email _____

Emergency contact's name (other than parent) _____

Emergency contact's phone number (____) _____ Relationship to student _____

High school name or home schooled: _____

High school counselor's name _____

***Behind the Wheel (BTW) Terms and Conditions:**

You will be assessed a \$50 fee that must be paid before the next BTW if any of the following occurs:

1. You do not show up for your BTW lesson.
2. You do not have your ORIGINAL permit with you at your BTW session.
3. You cancel your lesson within 72 hours (we will make every effort to try to fill your spot so that you avoid the fee).

I agree to the above terms and conditions: Parent Initials _____ Student Initials _____

**For adult programs only:

I, _____ accept / decline the six hour in-classroom drivers education program.

Signature of parent or adult filling out form _____ date _____

Thank you for choosing Certified Driving School, Driving 4 Teens.

Please mail, fax or email this form to Driving 4 Teens.

786 Euclid, Palatine, IL, 60067 ■ phone 847-991-9600 ■ fax 847-464-8058 ■ email: info@driving4teens.com

www.driving4teens.com