



Teen Driver Education Program Enrollment

Student's Full Name: _____

First / M.I. / Last

Address: _____

City: _____ State: _____ Zip Code: _____

Birth Date: _____ Male/Female High School: _____

Month/Day/Year

Home Phone: _____ Alternate Phone: _____

Parent Name: _____ Emergency Number: _____

Parent Email: _____

Relevant Medical or IEP Information: _____

(*include any information that instructors would need to know for classroom accommodation and driving safety)

Course Type (please check one): *Call first for seat availability!*

*Students must be turning 15 by the final classroom date to register for that session

Course# _____ **Class Date** _____ **Time** _____

_____ **Package 1** - Classroom with 6 hour BTW Package (\$405)

_____ **Package 2** - Classroom with 8 hour BTW Package (\$485)

_____ **Package 3** - Behind-The-Wheel Only - 6 Hours (with observation) (\$305)

_____ **Package 4** - Behind-The-Wheel Only - 8 Hours (no observation) (\$385)

_____ **Package 5** - Classroom Only (\$225)

_____ **Package 6** - Additional hours of Behind The Wheel (\$50 per hour)

We, the undersigned, agree to pay **\$100 non-refundable** deposit at time of the classroom enrollment. We also agree to pay the full tuition for the package selected above to Fisher Driving School by the end of the second week of class. By signing below, we also indicate our understanding of the fact that any delay or lack in full payment will result in a similar delay or loss of behind the wheel driving instruction and receipt of the certificate of completion issued by the secretary of state (blue slip). We accept check, cash, or money order.

Student signature _____ Date _____

Parent/Guardian signature _____ Date _____