



### Teen Driver Education Program Enrollment

Student's Full Name: \_\_\_\_\_  
*First M.I. Last*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ High School: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Student Email: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Course #: \_\_\_\_\_ Time: \_\_\_\_\_

**Course Type** (please check one):

- \_\_\_\_\_ **Package A** - Classroom with 6 hour Package
- \_\_\_\_\_ **Package B** - Classroom with 8 hour Package
- \_\_\_\_\_ **Package C** - Behind-The-Wheel Only - 8 Hour
- \_\_\_\_\_ **Package D** - Behind-The-Wheel Only - 6 Hour
- \_\_\_\_\_ **Package E** - Classroom Only

We, the undersigned, agree to pay the full tuition for the package selected above to Excel 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).

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_