FOR OFFICE USE ONLY:
Class: _____Paid: _____Ledger: _____Record Card: _____Approval: _____R/C____

Teen Driver Education Program Enrollment

Student's full name:_____
Last First M.I.

Address:_____

City: _____State: _____Zip Code:_____

Birth Date:_____Sex:_____High School:_____

Home Phone No:_____Cell Phone No:_____

Course Date:_____Time:_____

Course Type(*please check one*:)

_____Classroom with 6 hour BTW

_____Classroom with 8 hour BTW **

_____Behind-the-Wheel Only (6 hrs. BTW)

_____Behind-the-Wheel Only (8 hrs. BTW)**

_____Classroom Only

We, the undersigned, agree to pay the full tuition for the package selected above to the ***Len Scaduto Driving School, Inc.,*** by the end of the forth 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_____

****Eight-Hour Package**

I grant permission to my son/daughter,_____to drive alone with a Len Scaduto Driving School, Inc., Instructor for eight (8) hours of in-car instruction in order to complete the driver education-training program. By placing my signature in the space provided below, I agree that the additional two (2) hours of driving will substitute for the six (6) hours of observation. I release Len Scaduto Driving School, Inc. from all liability and agree to these terms. I also understand that an additional charge of $70 will be assessed for the Eight-Hour package.

Parent/Guardian Signature:_____