

Addendum to Online Driving Agreement Form

(Please complete and attach when paperwork is submitted)

Name: _____

Address: _____

City, State, Zip: _____

Phone (to schedule driving): _____ Add'l Phone: _____

Permission to Text when scheduling: Yes _____ No _____

Date of Birth: _____

Temporary Permit: _____

Issue Date: _____ Exp. Date: _____

High School: _____ Dismissal Time: _____

Driving Availability (if out of school): _____

Number of Hours of Behind the Wheel driving experience: _____

Please Note: Student must know the Behind the Wheel basics with a minimum of 5-10 hrs. driving with parents or someone over the age of 21 prior to starting in-car instruction or instructor will begin in a parking lot.

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Items Attached:

Signed Online Agreement: Yes _____ No _____

Certificate of Completion: Yes _____ No _____

Payment: Yes _____ No _____

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Office Use Only:

Date Received: _____ Receipt # _____ Amt: _____

Instructor: _____ Comp Date: _____ Cert# _____