

**REGISTRATION FORM**

Print your full name as it will appear on your permit / driver's license: (please print clearly)

Student First Name	Full Middle Name	Student Last Name
No. & Street Address	City	ZIP code
Permit Number & Date Obtained	Date of Birth	Student Email
Home Telephone Number	Student Cell Phone Number	Parent / Guardian Cell Phone and/or Work Number
High School	Parent class needed?  Yes    No	Parent/Guardian email address

Please fill in the class session you are registering for:

- \$695.00    30 Hours of classroom, 12 hours of driving and 6 hours of observation**
- \$40.00    Parent Class (if needed)**
- \$15.00    MASS DOT RMV Driver's Education Certificate Fee**

***A \$250 deposit is requested at time of registration.***

\*\*\*\*\* **FOR OFFICE USE ONLY** \*\*\*\*\*

<b>Total Cost:</b>	_____
<b>Deposit:</b>	_____ <b>Date:</b> _____ <b>Cash, Check, MasterCard, Visa, Discover</b>
<b>Balance:</b>	_____
<b>Payment:</b>	_____ <b>Date:</b> _____ <b>Cash, Check, MasterCard, Visa, Discover</b>
<b>Balance:</b>	_____
<b>Payment:</b>	_____ <b>Date:</b> _____ <b>Cash, Check, MasterCard, Visa, Discover</b>
<b>Balance:</b>	_____