

Drivers Education Registration Form

Student's Name _____ Date _____

Home Address _____ Permit Number _____

City _____ Zip _____

Home Phone Number _____

Parents Name _____ Work Phone _____

Date of Birth _____

Student's School _____

Year and Specific Session in Which You're Enrolling _____

DESCRIPTION OF CLASS

This Driver Education Program is a time on task class. This means the student must be in the classroom for seven days, two hours and 50 minutes per day. **There are no exceptions to these requirements.** If the student does not complete these requirements, he /she will not pass the class or receive DMV Waiver.

The driving portion of the course will be arranged on an individual basis. If you understand and agree to the requirements of this class, please sign (parent and student) this page and return it along with the fee.

Parent Signature _____ Students Signature _____

How Did You Hear About Us?

Check all that apply

- Referral from a parent or student
 Internet
 Signs (Which Str. Location) _____
 School Paper
 Other _____

Important Notes:

- ♣ Classes will be held at the VFW
5083 S. 136th St
- ♣ Mr. Gordon's phone number:
Office: 402-390-6002
Cell: 402-676-2180

Please remit this form and payment (\$330) to:
West Omaha Driving School, 6522 North 142nd Circle, Omaha, NE 68164.

Make checks payable to West Omaha Driving School.