

**DRIVER EDUCATION
REGISTRATION FORM**

APPLICATION:

1. _____	2. _____	3. _____	
LAST NAME	FULL FIRST NAME	FULL MIDDLE NAME	
4. _____	5. _____	6. _____	
STREET ADDRESS	CITY	ZIP	
7. _____	8. (____) _____	9. _____	10. _____
BIRTH DATE	HOME PHONE	SCHOOL	GRADE

PARENTS PLEASE NOTE: STATE LAW MANDATES THAT BEFORE A STUDENT CAN GET THEIR PERMITS THEY MUST COMPLETE CLASSROOM TRAINING. BY FILLING OUT THIS FORM AND PAYING THEY ARE ENROLLED AND CAN TAKE THE CLASSROOM. AFTER GETTING PERMIT, PARENTS WORK WITH THE TEACHERS TO ARRANGE BEHIND THE WHEEL LESSONS. TIMES, DAY, HOURS AND PICK UP LOCATIONS ARE INDIVIDUALLY SCHEDULED BETWEEN STUDENT AND TEACHER. **WE WILL GIVE YOU THE NAME AND PHONE NUMBER OF TEACHER.** YOU WILL USE OUR CARS FOR THE TRAINING.

11. CHECK THE AMOUNT OF PAYMENT YOU MADE:

_____ \$ 325.00 FULL PAYMENT FOR CLASSROOM & BEHIND THE WHEEL
_____ \$ 150.00 DOWN PAYMENT TO TAKE THE CLASSROOM

12. PARENTAL APPROVAL :

I hereby give my consent for _____ to take classroom under the guidance of a state certified driver education instructor. After the classroom is completed they can get their permit
I accept the fact that the school will not be responsible for any driving my son/daughter does

outside

The school program.

DATE

SIGNATURE OF PARENT

TO REGISTER: COMPLETE APPLICATION FORM AND BRING CASH OR A MONEY ORDER
PAYABLE TO: "MINNESOTA TRANSITIONS SCHOOL "

RETURN TO MR. GLENZ BY FRIDAY APRIL 3

Class will be held right at school and if you attend every class you will also get credit for the class.

FOR MORE INFORMATION CALL THE DRIVER EDUCATION OFFICE @ 612/722-9013