**“DRIVING STUDENTS INTO THE FUTURE”**

**PHONE: 712-210-0126 E-MAIL: gary@deluxedrivingacademy.com**

 **P.O Box 1132 Carroll, Ia. 51401 info@deluxedrivingacademy.com**

DELUXE

DRIVING

ACADEMY

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**PHONE: 712-210-0126 E-MAIL: kurt@deluxedrivingacademy.com**

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 **ENROLLMENT FORM**

 **PLEASE FILL OUT ALL INFORMATION**

**STUDENT NAME AND INFORMATION**

|  |  |
| --- | --- |
| **LAST NAME:** |  |
| **FIRST NAME:** |  | **MIDDLE:** |  |
| **HOME ADDRESS:** |  |
| **CITY/TOWN:** |  | **ZIP CODE:** |  |
| **PHONE #:** |  | **CELL #:** |  |
| **DRIVER INSTRUCTION PERMIT #:** |  |
| **SCHOOL CURRENTLY ATTENDING:** |  |

**INDICATE WHICH DRIVING CLASS YOU WANT TO ATTEND AND MONTH IT STARTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **LAST NAME:** |  | **FIRST NAME:** |  |
| **ADDRESS:** |  |
| **CITY/TOWN:** |  | **ZIP CODE:** |  |
| **HOME PHONE #:** |  | **CELL#:** |  |
| **WORK PHONE #:** |  |

|  |  |
| --- | --- |
| **E-MAIL:** |  |

**EMERGENCY CONTACT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **DOCTOR:** |  | **PHONE #:** |  |
| **HOSPITAL:** |  |

**By signing below, you understand that Deluxe Driving Academy, L.L.C. assumes no liability whatsoever of negative driving issues or outcomes by the student during or after the completion of this class. We promote and teach safe driving principals, however it is the ultimate responsibility of the parent(s) to ensure their child is ready and capable of receiving a driver’s license.**

**PLEASE INCLUDE A COPY OF YOUR STUDENT’S PERMIT WITH YOUR PAPERWORK.**

|  |  |  |  |
| --- | --- | --- | --- |
| **STUDENT SIGNATURE:** |  | **DATE:** |  |
| **PARENT SIGNATURE:** |  | **DATE:** |  |