

Lake Chevrolet Drive Wise
3005 Willow Creek Court
Clear Lake IA 50428
641.357.2612

DRIVER'S EDUCATION REGISTRATION

Class Start Date: _____
Session (AM or PM): _____

STUDENT INFORMATION:

Name: First: _____ Middle _____ Last _____
Address _____
City _____
Zip Code _____
School Attending _____
Phone _____
Cell Phone _____
Social Security Number _____
Email Address _____
Student Signature: _____ Date: _____

PARENT OR GUARDIAN INFORMATION

Name: First: _____ Last _____
Address _____
City _____
Zip Code _____
Phone _____
Cell Phone _____
Email Address _____
Parent Signature: _____ Date: _____

EMERGENCY CONTACT _____
Doctor _____ Phone # _____
Hospital _____ Phone # _____

Does the student have any disabilities? If so, please explain.

Does the student have any special needs or modifications that are part of his or her educational program?

Please fax or mail the registration fee, this form and a copy of your driving permit to: Lake Chevrolet's: Drive Wise 3005 Willow Creek Court Clear Lake, IA 50428. Please call 641.357.2612 with any questions.

The registration fee ranges from \$260.00 to \$285.00. There is a \$50.00 non-refundable deposit required to hold their seat in the class. The remaining balance is payable before the student begins the driving portion of the class.

Payment may be made by cash, check payable to Lake Chevrolet or by credit card. For credit card payment please complete credit card authorization form below.

No refund will be issued after the 1st class.

Please call 641.357.2612 if you any questions.

Friend' name: _____
(For 'Friend' discount, each student must put friend's name on this registration form.)

CREDIT CARD AUTHORIZATION

Name As it Appears on the Credit Card _____

Type of Card (Circle One) MC Visa Discover American Express

Credit Card Number _____

Expiration Date _____

V-Code _____

Billing Address:

Street _____

City _____

State _____

Zip _____

Signature _____

Amount to Be Charged: _____