ALL SEASONS DRIVING SCHOOL
Class Registration Form 2009

Classes will begin on the following dates: Jan 6, Mar 3, Apr 7, June 2, Aug 4, Sept 8, Nov 3 Classroom sessions will be held at *Lawrence High School in Fairfield* from 5:00-8:00pm for 3 consecutive weeks plus one additional class. ***Student must be at least **15** yrs old prior to start date*** Cost of the course is $440. If the student requires special equipment to drive or has special needs please call me before registering. **Required with your application are**: 2 photocopies of your birth certificate and a photocopy of your Social Security Card.

Please fill out the following information, include check or money order for $100.00 and mail to:

All Seasons Driving School
17 Danielle Ave.
Vassalboro, Me 04989

If you have any questions call 872-0616.

Circle the month that you wish to enroll in: **Jan Mar Apr June Aug Sept Nov**

Name: _____
(Print) Last First M

Mailing Address:_____
Street City/Town Zip

Phone No. _____ Social Sec. No. _____-____-_____ Date of Birth ____/____/____

Signature of Parent: _____ Date: _____
I am the parent or legal guardian of the above applicant and give my permission for him/her to participate in Driver's Education. I have read, understand, and agree to the terms and conditions of *All Seasons Driving School*.

Signature of Student: _____ Date: _____
As the student, I have also read, understand and agree to the policies and expectations of this course.

"Road Safety in All Seasons, Skills for a Lifetime"

www.allseasonsds.com
info@allseasonsds.com