



# Tri-Valley Driving School

Driver Education Application

Complete **LEGAL** Name:

\_\_\_\_\_

First	Middle Name	Last
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Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Birthday \_\_\_\_\_ High School \_\_\_\_\_

Location: San Ramon / Dublin / Pleasanton (Please Circle)

**Date of Class:** \_\_\_\_\_

“I have my Parent / Guardian’s permission”

\_\_\_\_\_ / \_\_\_\_\_

**Parent / Guardian’s Signature**

**Date**

\* Cancellation Policy for Driver Training (Behind-the-Wheel): Cancellation of appointment(s) must be made 24 hrs. prior to scheduled appt. Failure of 24 hr. notice will result in \$40 cancellation fee. \*\* \$50 Administration fee for incomplete Driver Ed / Driver Training

*Please Do Not Write Below this Line*

**For Office Use Only**

Date Paid _____	Amount Paid _____
Cash Receipt # _____	Check # _____
Visa / MC / Disc # _____	Gift Cert # _____