



Tri-Valley Driving School

Driver Training Enrollment Application

Complete **LEGAL** Name:

First	Middle Name	Last
-------	-------------	------

Address _____

City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Birthday _____ High School _____

Date of completion of Dr. Ed. _____

Location of Dr. Ed: TVDS / High School / Internet / /Mail Packet / Other Driving School
(Please Circle)

* Requires a deposit of \$100 for teens (certificate included). First lesson non-refundable. * 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 # _____