



Full Legal Name of Student: _____ Gender: ☐M ☐F Date of Birth: ____/____/____

Address: _____ Apt: _____ City: _____, WA Zip: _____

Best emails and phone numbers for communication regarding driving appointments:

Home Phone: (____) _____ Parent Names: _____

Parent Cell Phone: (____) _____ Parent Email: _____

Student Cell Phone: (____) _____ Student Email: _____

Desired Class #: _____ Location: _____ Permit/License #: _____

Accommodations or concerns?: _____

Teen Traffic Safety courses: (Check website for current prices and availability)

- ☐ **Teen Course:** 30 hours of classroom, 5 hours of driving lessons, 1 observation, and 4 hour AAA-Zero Error Driving Program and fulfills all WA state requirements.

Add-ons: Save on these options by ordering them with initial course enrollment.

- ☐ DOL Knowledge Test ☐ DOL Skills Test

Driver License Testing: Knowledge and Skills Tests (Check website for current prices)

- ☐ Knowledge Test: (2 attempts) ☐ Skills Test in Applicant Vehicle ☐ Skills Test in DDS Vehicle
☐ Knowledge + Skills test in applicant vehicle ☐ Knowledge + Skills test in DDS vehicle
☐ 30 minute warm up session + skills test in Defensive Driving School vehicle ☐ Skills test with pick up and drop off service *

* Pick-Up location must be within 5 miles and 10 minutes from our testing location.

Behind-the-Wheel Lessons and Packages: (Check website for current prices)

- ☐ 1 hr lesson ☐ 1 (90 min) lesson ☐ 1 (90 min) lesson w/pick-up*
☐ 5 (1 hour) lessons ☐ 5 (90 min) lessons ☐ 5 (90 min) lessons w/Pick-Up* ☐ 12 (One hour) lessons + DOL road test
☐ 10 (90 minute) lessons + DOL test ☐ 10 (90 minute) lessons + DOL test & Pick-Up*

For classroom schedules and locations please visit: www.driving-school.com

Student Signature: _____ Date: _____

I am the legal guardian/parent of the enrolling student and give my consent for them to participate in this Traffic Safety program. I will provide 2 hours of guided practice between each driving lesson and will be responsible for the payment of all tuition and fees due. I acknowledge receipt of Intermediate Driver Licensing requirements found at: www.dol.wa.gov/driverslicense/teens.html

I have read the program requirements and enrollment terms at: www.driving-school.com/enrollment-terms/

Parent/Guardian Signature (if applicant is under 18): _____ Date: _____

Mail Application and Payment to: 9481 Silverdale Way NW #213, Silverdale, WA 98383

Please make a copy for your own records.