



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](http://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](http://www.dol.wa.gov/driverslicense/teens.html)

I have read the program requirements and enrollment terms at: [www.driving-school.com/enrollment-terms/](http://www.driving-school.com/enrollment-terms/)  
 Parent/Guardian Signature (if applicant is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**Mail Application and Payment to:** 19351 8th Ave NE #181 Poulsbo, WA 98370

Please make a copy for your own records.