



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 Education 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 DDS vehicle Knowledge + Skills test in DDS vehicle
- 30 minute warm up session + Skills Test in DDS vehicle

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

- 1 hr lesson 1 (90 min) lesson New Driver Workshop
- 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: 9302 N. Davies Rd, Suite B, Lake Stevens, WA 98258

Please make a copy for your own records.