



Class Registration Form

School Year Program (starting date):			
Student's Name:	Address	s:	
Phone #	City	y: Zip:	
Payment (Please Enclose with	this Form)		
Tuition: Call for Current Pricing	Specials!		
Payment Method: Master Ca	ird		
□ Visa			
Check (made out to	o: DrivRite Driving School)		
Credit Card Details (if applicab	e)		
Name: (as it appears on the card)		Expiration Date: (month and year)	
Card Number:		Verification Code: {last 3 digits on back of card}	
Please return this registration f or full payment to the address at the top of this form.	you a co receipt further	Upon receipt of your registration, we will send you a confirmation of your enrollment and a receipt for your payment. If we can be of any further assistance, please feel free to contact our office at (574) 255-9590 or (866) 377-1772.	