DRIVER EDUCATION REGISTRATION FORM

Behind-the-Wheel and Classroom Instruction

Course Title	Location	Course No.	Section No.	Start Date	Start Time	Total Fees
❑ Behind-the-Wheel		DE0				
❑ Classroom		DE0				

Subtotal $0

TOTAL (pay this amount) $0

CLASSROOM INFORMATION:

COMPLETION DATE IN CLASSROOM NOW SCHOOL

PAYMENT METHOD (check one): ❑ MasterCard ❑ VISA ❑ Check (Make check payable to **FCPS ACE**.)

CARD NUMBER EXPIRATION DATE (MONTH, YEAR)

CARDHOLDER'S SIGNATURE PLEASE PRINT CARDHOLDER'S NAME CLEARLY (AS IT APPEARS ON CARD)

CARDHOLDER'S ADDRESS/PHONE NUMBER (IF DIFFERENT FROM ABOVE)

STUDENT INFORMATION:

❑ Male ❑ Female CUSTOMER NUMBER (FROM PERMIT) PERMIT ISSUE DATE HIGH SCHOOL STUDENT ATTENDS CURRENT GRADE LEVEL

STUDENT FIRST NAME (FULL NAME REQUIRED) MIDDLE NAME LAST NAME DATE OF BIRTH (MO/DAY/YR)

PARENT/GUARDIAN FIRST NAME (FULL NAME REQUIRED) MIDDLE NAME LAST NAME

STREET ADDRESS APT # CITY STATE ZIP CODE

HOME PHONE STUDENT CELL PHONE E-MAIL ADDRESS

SPECIAL NEEDS:

If a student has a disability and requires special adaptation, please call the Driver Education office at 703-658-1289 or 1290 **prior to registration**.

CANCELLATIONS OR TRANSFERS:

Must be received in writing at Edsall Park Center at least 2 days prior to the start of class. Fax requests to 703-658-1214. There is a $15 processing fee for refunds.

BRING TO FIRST BTW CLASS:

1. Valid Virginia Learner's permit
2. Classroom completion card or current enrollment receipt
3. Online confirmation receipt or the walk-in registration form, signed by a parent/guardian.

The school has my permission in an emergency, when my physician or I cannot be contacted, to take my child to the emergency room of the nearest hospital. The hospital and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child. I understand FCPS provides liability insurance. Each student should have his/her own medical insurance.

SIGNATURE OF PARENT/GUARDIAN DATE