



ALFREDO'S DRIVING SCHOOL, Inc.

111 Chinquapin Round Road, Suite 101 Annapolis Maryland 21401

(410) 266-8192 (301) 404-5152

www.alfredosdrivingschool.com

alfredosdriving@aol.com

STUDENT ENROLLMENT FORM

Today's Date ____/____/____ Student ID _____ Date of Birth ____/____/____

Age (at the time class started) ()

First Name _____ Middle _____ Last _____

Address _____

City _____ County _____ State _____ Zip code _____

Learner's Permit (ID) N° - - - - Social Security N° - - - -

Gender: Male () Female () Race Code: White () Black () Latino/Hispanic () Asian () Native American ()

Note: Multiracial applicants may check all boxes, which apply.

Phone Number:

Home () - Work () - Cell () - e-mail _____

Person to contact in case of emergency _____ Phone number: () -

STUDENT CONSENT CLAUSE: I will not hold **ALFREDO'S DRIVING SCHOOL, INC.**, its representative, agents, or heirs, responsible for any expense, claims or liability arising from an injury from any unforeseen circumstance while attending the Driver's Education Course which includes 30 hours of classroom instruction plus 6 hours of Behind-The-Wheel training. **INITIAL** _____

BEHIND-THE-WHEEL CANCELATION: Notify us **24 hours** in advance if you wish to cancel an already made arranged In-Car schedule; otherwise, student we will charge a cancellation fee for no show up for a schedule appointment you will be charge a **\$50.00** no show fee. **INITIAL** _____

ALL BALANCES MUST BE PAID WITHIN 15 DAYS OF COURSE START DATE. If payment is not made in the first 15 days of course Start Date, there will be a **\$45.00** late fee assessed, and an additional **\$10.00** late fee for payment received 30 days after the course Start Date. Behind-The-Wheel training will only be scheduled when all fees are paid in full. **INITIAL** _____

RETURNED CHECKS: There will be a **\$35.00** charge for all returned checks. All payments made with a personal check must clear prior to the start of any driving program and/or receiving your electronic certificate, whichever occurs first. **INITIAL** _____

Name _____ Sign: _____ Date: ____/____/____

CLASS BEGINNING DATE REQUESTED: ____/____/____

CLASS REQUESTED AND TIME: _____AM/PM **COMPLETION DATE:** ____/____/____

DRED-Basic () DRED-Extend () Written () Skills ()

Driver Improvement Program () Young Driver Improvement Program () 3-Hour Safe and Sober ()

On-Line Driver Improvement Program () Dropped Out Before Completion () Classroom Only ()

Behind-The-Wheel (package) () Behind-The-Wheel (single) () Driving Skills Test ()

Morning () Afternoon () Evening () Weekend ()

Payment: Cash ___ Credit/Debit Card ___ Check N° ___ (Make check payable to **ALFREDO'S DRIVING SCHOOL, Inc**)

DRIVING EXPERIENCE: Do you have a Learner's Permit, ID Card or License? Yes () No ()

If yes, how long have you had it? _____

Describe your driving experiences, if any _____

How did you hear about **Alfredo's Driving School, Inc.** _____