

ENROLLMENT FORM

Class

Date

Start Time

End Time



DATE: _____

Full Name of Student _____

Address _____ City _____ State AZ Zip _____

Birthday _____ License/
Permit # Exp _____ Home Phone _____

E-Mail Address _____

Parent's First _____ Parent's Last _____

Dad Cell _____ Mom Cell _____ Student Phone: _____

Address if Different _____ City _____ State AZ Zip _____

Reason for Taking Course ? _____

How did you hear about us ? _____

In Case of an Emergency, notify _____

HEALTH PROBLEMS

Does the student have any health, physical, mental handicaps, learning disabilities that could endanger their life or the lives of others while taking this course of instruction? Glasses or Contacts? Medical Allergies? Medication currently taking that could cause drowsiness or change of focus behind the wheel?

If YES, Please describe _____

How many driving hours does the student have, if any? _____

Any type of Drivers Education prior to this program? Check Box for YES

If YES Please describe:

HIGH SCHOOL ATTENDING:

Primary Person Driving with Student:

Areas of Concern

PAYMENT AGREEMENT

I hereby enroll in the N Control Driving School and agree to pay for the services provided by N Control as follows:

Paid By	Amount	Date	Class Time

Paid _____ VISA / MC / DISC / MO / Check # _____

CANCELLATION POLICY

I HAVE READ AND ANSWERED THE ABOVE QUESTIONS TO THE BEST OF MY ABILITY and I UNDERSTAND THAT IF A CANCELLATION OR SCHEDULING CHANGE IS REQUESTED WITHIN 72 HOURS OF THE SCHEDULED COURSE DATE, THERE IS A \$50.00 OFFICE CHARGE. Additionally, a no show will result in a charge of 50% of the course price, and leaving and or failing before completion of the course will result in forfeiture of 100% of that courses price. If cancelling please call us immediately to avoid any fees.

I have read the above cancellation policy to the customer _____