

# Reliable Driving School

## Enrollment Form

Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

Address: \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Student Cell \_\_\_\_\_ Parent Cell \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent Name \_\_\_\_\_

High School \_\_\_\_\_ Permit # \_\_\_\_\_

Class Desired – Start Date \_\_\_\_\_

Thank you for choosing Reliable Driving School to train your student in safe driving practices and principles according to Washington law. Your help as a Parent / Guardian in providing your student practice drive time in addition to this instruction is essential to their success. Please plan to attend the **Parent Orientation** held concurrent with the first hour of the first class session (or as otherwise published).

### DO YOU WANT YOUR PICTURE TAKEN AT THE END OF THE COURSE?

Pictures are for 'Graduation' purposes only and will not be used anywhere else except for the computer's screen saver.

Other students will see your photo. You are always welcome to change your mind at any time.

YES  NO INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

ENROLLMENT FEE PAID IN FULL  Partial Payment

AMT Rec'd \$ \_\_\_\_\_

RECEIPT # \_\_\_\_\_

DATE \_\_\_\_\_

Waiver Used\*

CLASS # \_\_\_\_\_

\* The DOL waiver to receive a WA Instruction permit without taking the knowledge test, is not valid until a period within 10 days of enrolling in an approved Traffic Safety Education course, such as provided by Reliable Driving School and must be completely filled out, including parent's signature when enrolling for a class.