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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Registration Form** | | | | | | | | | | | | | | | | |
| Check the course  requested |  | 14 Hour Course  (18+ ) $400 | |  | 38 Hour Course  (under 18) $450 | |  | | Classroom Dates | | | | Contact (office use only) | | | |
|  | | | | | | | | | | | | | | | | |
| **Name of Student** | | | | | | | | | | **Date of Birth** | | | | | | **AGE** |
| Home Address | | | | | | City | | | | | | State | | ZIP Code | | |
| **High School Attending – Student must be in at a minimum in the 8th grade** | | | | | | | | | | | | **Grade Level** | | | | |
| **Parent/Guardian’s Name** | | | | | | Parent’s/Guardian’s Driver License/ID Card # | | | | | | | | | | |
| **Documents Verifying Identify of Student & Parent/Guardian (if applicable) OFFICE USE ONLY** | | | | | | | | | | | | | | | | |
| **CONTACT PHONE NUMBERS** | | | | | | | | | | | | | | | | |
| Home Phone | | | Parent’s Cell | | | | | Student Cell | | | | | | | | |
| **Fees Received:** | | | | | | | | | | | (Office Use) Cost | | | | $ | |
| **Driving Experience:**  Please rate the student on a scale of 1-10 ( 1 = no experience )  **\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | Deposit | | | | $ | |
| Balance | | | | $ | |

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***(Detach and return with payment)***

Class Times 38 Hour Course

8:30-3:30 (4 days)

**NO CREDIT CARDS ACCEPTED** (CASH CHECK OR MONEY ORDER)

**Make all checks payable to:**

*St. Charles Driving Academy, LLC*

**Mail form and $100 deposit to:**

St. Charles Driving Academy

**NEW LOCATION >>>>>>>>>>>🡪**

**(NEXT TO SONIC)**

12531 Highway 90, **Suite B**

Luling, La. 70070

Owners:

Roger Folse---------------------(504) 416-4633

Kevin Robicheaux------------(504) 487-1794

Spanish Class

Ms. Luz (Espanol)-------------(504) 920-3686

[www.stcharlesdrivingacademy.com](http://www.stcharlesdrivingacademy.com)

**SAVE THE STAMP AND DROP OFF IN OUR MAIL SLOT**