



Class Date: _____

Six Hour Driving Simulator Class
9:00 A.M. - 3:30 P.M.

Classroom location: 1728 HWY 138 SE
Suite 100 Conyers, GA 30013

(PRINT CLEARLY]

Student Name: _____

Parent Name: _____ Home Phone _____

Parent Cell Phone _____

Address: _____

Street

City

State

Zip

Email: _____

Student

Parent

Gender: (M) ___ (F) ___

Date of Birth: _____ Permit # _____

Payment Type:

Check or Money Order # _____

Visa MasterCard Discover American Express

Credit Card # _____

Name on Credit Card _____

Expiration date

Billing Address _____

Street

State

Zip

I, the undersigned parent and student, agree to complete the above course of instruction for a fee of **\$69.00**. Cancellations or scheduling changes made two (2) weeks prior to class beginning date will incur no additional fees. Cancellations or scheduling changes made one (1) week or less prior to class beginning date, or no shows on the date of class, will be charged \$30.00.

Student Signature

Date

Parent Signature

Date

Mail completed form with credit card information, check or money order to:

R N Driving School
Attn: Registrar
1728 HWY 138 SE
Suite. 100
Conyers, GA 30013
Phone: (770) 922-0087
Fax: (404)592-4621