Shane's Driving School, LLC

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Locally Owned and Operated Licensed by the MVA

Drivers Education Class

The bottom of this form MUST be filled out accurately. This form along with a \$100 deposit (this is to secure your spot in the class) can be mailed, emailed, faxed, or brought by our office. Class sizes are limited and we will fill spaces on a first come first serve basis. The deposit will be deducted from the cost of the class (\$375), \$140 is due on the first (1st) day of class and \$135 is due on the sixth (6th) day of class. You will NOT be able to do the behind the wheel training until the balance is paid in FULL. Returned check charge of \$25.00. Prices are subject to change.

MANDATORY ORIENTATION ON THE 1ST DAY OF CLASS. STUDENTS MUST ATTEND THE 1ST DAY.

Shane's Driving School, LLC strongly encourages one parent/driver coach attend the Orientation/Unit 1 on the 1st day with their student. Depending on the size of the class orientation may be held on Sunday if necessary. Orientation/Unit 1 will be 3 hours and 15 minutes. More information regarding the Orientation will be available closer to the class.

Orientation will cover our rules and regulations, how to make up missed days, scheduling driving appointments, curriculum requirements, new laws, information for the parent/driver coach, and any questions you may have.

A COPY of the student's Learner Permit must be sent in with the application. If there is no permit that has been issued, then we need a COPY of the original birth certificate. STUDENTS MUST HAVE THEIR LEARNER PERMIT IN ORDER TO COMPLETE THE BEHIND THE WHEEL TRAINING.

		AM	[:	PM:	
Enter the date of the o	class you would like to reg	ister for:			
Name:	(Middle)			A	GE:
(First)	(Middle)	(Last)			
Address:					
(Please indicate Town	.)				
			l Phone:	# this belongs to)	
Email:					
(For confirmation and noti Orientation: If we need	fication purposes) 1 2 days for orientation, whic	h day would you be able to	to attend?	_Sunday	Monday
If paying by Credit C	Cash Check Mard Fill out the Following:	•		MasterCard, Discovo	er, American Express)
Card Number:			Expirati	on Date:	
	Zip Code:				
Signature of Card Ho	lder				