200 Meredith Dr., STE 203
Durham, NC 27713
919.806.8888

Office: Mon – Fri, 9am to 3pm

To get the week of your choice, you will need to complete and return the enclosed paperwork (including this sheet) as soon as possible with your $_____ deposit (1/2 Total Tuition), as classes fill very quickly. Total Cost is $_____.

Classroom Location: **200 Meredith Dr., Suite 203, Durham, NC 27713**

Start Date is _____

Dates of Session: _____ Times of Sessions: _____

Enrollment Procedures:

1. **Contract / Classroom Rules**: Parents and Students must sign both.
2. **Restricted Instruction Permit** (DMV Form): If your teen wears glasses or contacts please make sure that they bring them daily. Parents fill out the TOP BOX ONLY. Student name exactly as it appears on birth certificate. In case of emergency phone numbers ONLY.
3. **Deposit** (1/2 Total Tuition): $_____ (Non Refundable, unless we are given at least 30 days prior notice to the start of your scheduled class. A $50 Administrative Fee will be retained regardless of cancellation date.)
4. Mail all paperwork to the corporate office (address above) with **the Enrollment form, Contract, Classroom Rules, the Restricted Instruction Permit and your Deposit** made payable to All Around Driving School. Your enrollment is based solely upon the date when the office receives your deposit and paperwork.
5. All Students must bring a copy of their birth certificate or driving permit on the 1st day of class. All students must also bring pencils and paper each class day. Please call or email us if you have any questions.
6. The remaining balance of $_____ is due the FIRST day of class.

Student Name: _____

Student Email: _____

I understand that my teen may not be able to start or complete required drive times during the classroom session.

_____ _____

Parent Signature Date

Parents Phone Number: _____ Email: _____