



Bellingham  
 Lynden  
 Blaine High School  
 Meridian High School  
 Mt Baker High School  
 Nooksack High School

# Nelson Driving School, LLC

www.nelsondrivingschool.com

(360) 756-8777

## Teen Course Completion Request

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I am requesting that my son/daughter complete their teen driver education course due to the following reason(s) even though they are past the course policy of 6 months from the day they start driver education:

\_\_\_\_\_ Medical Reason

\_\_\_\_\_ Other

Please explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Nelson Driving School, LLC will notify you of the approval or denial of course completion.

\_\_\_\_\_  
 Parent/Guardian Date

*Internal Use Only- PLEASE PUT COPY IN STUDENT FILE*

Acct. # \_\_\_\_\_ Class Start Date \_\_\_\_\_ Class End Date \_\_\_\_\_

# of classes left to complete \_\_\_\_\_ # of drives left to complete \_\_\_\_\_

Retake Final Y N Actual Completion Date \_\_\_\_\_

**Request for completion past 6-month completion period** \_\_\_\_\_ **Approved** \_\_\_\_\_ **Denied**

Reason for Denial:

Instructor \_\_\_\_\_ License # \_\_\_\_\_