

Shane's Driving School, LLC

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Easton, MD 21601

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Fax: 410-690-8182

Locally Owned and Operated

Licensed by the MVA

Driver Education Program

30 Hours of Classroom Instruction and 6 Hours of Behind the Wheel Training

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), copy of Permit or Birth Certificate, Bill of Rights, and Rules and Regulations can be mailed, emailed, faxed (do not fax a copy of the permit), 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 the class and \$135 is due on the sixth (6th) day of the class. You will NOT be able to do any Behind the Wheel Training until the balance is paid in FULL.** Returned check charge of \$25. Prices are subject to change.

STUDENTS MUST BE 15 TO PARTICIPATE IN A DRIVER EDUCATION CLASS.

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 to attend the Orientation on the 1st day with their student. Depending on the size of the class orientation may be held on Sunday if necessary. Orientation 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.

Please send in a COPY of the student's Learner Permit, the Bill of Rights, Rules and Regulations, and deposit 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 _____

Enter the date of the class you would like to register for: _____

PM _____

NAME: _____ AGE: _____
(FIRST) (MIDDLE) (LAST) (MUST BE 15)

ADDRESS: _____

TOWN/CITY and ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

PLEASE INDICATE WHOSE # THIS BELONGS TO

EMAIL: _____

FOR CONFIRMATION AND NOTIFICATION PURPOSES

Orientation: In case we need two days for Orientation, which day can you attend? Sunday: _____ Monday: _____

Payment Option: Cash _____ Check _____ Money Order _____ Credit Card _____ (Visa, Mastercard, Discover, American Express)

FILL OUT THE FOLLOWING ONLY IF PAYING BY CREDIT CARD:

NAME ON CARD: _____ AMOUNT TO CHARGE: _____

CARD NUMBER: _____ EXPIRATION DATE: _____

CVC: _____ ZIP CODE: _____

SIGNATURE OF CARD HOLDER: _____