



Nelson Driving School, LLC

www.nelsondrivingschool.com ♦ (360) 756-8777
2300 James St, Suite 103, Bellingham WA 98225

Bellingham ♦ Mt Baker HS ♦ Blaine HS ♦ Meridian HS ♦ Nooksack HS

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 AND/OR they have missed more than 6 classroom sessions:

_____ 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 # _____