Shane's Driving School, LLC

8133 Elliott Rd Suite 201 Easton, MD 21601 443-786-9095

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Website: shanesdrivingschool.net
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 (\$400), \$150 is due on the first (1st) day of the class and \$150 is due on the sixth (6th) day of the class. CLASSROOM PORTION NEEDS TO BE PAID BY THE LAST DAY OF CLASS. You will NOT be able to do any Behind the Wheel Training until the balance is paid in FULL and the Bill of Rights, Rules and Regulations, and copy of Permit are on file. 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 time or 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.

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Enter the date of the class y	ou would like to register for:			PM
NAME:	(MIDDLE)		AGE:	
(FIRST)	(MIDDLE)	(LAST)	(N	MUST BE 15)
ADDRESS:				_
TOWN/CITY and ZIP COI	DE:			_
HOME PHONE:				
		PLEASE IN	NDICATE WHOSE # TI	HIS BELONGS TO
EMAIL:				
FOR CONFIRMATION AND NOTI	FICATION PURPOSES			
*Orientation: In case we no	eed two days for Orientation,	which day can you attend	l? Sunday:	Monday:
· · ·	Check Money Or		(Visa, Mastero	eard, Discover, American Express)
	ING ONLY IF PAYING BY			
CARD NUMBER:		EXPIRA	TION DATE:	
CVC:	ZIP CODE:			
SIGNATURE OF CARE				