

STUDENT REGISTRATION FORM

(Please Print)

STUDENT'S NAME _____
Surname First Name

ADDRESS _____
Apt.# # Street City Postal Code

TELEPHONE NUMBER _____
Home Business or Alternate

DATE OF BIRTH _____

E-MAIL ADDRESS: _____

PLEASE REGISTER ME FOR: (Please Circle) Evening Program Saturday Program 5-day Program

I WISH TO BEGIN ON: _____

Student Registration #
office use only

ENCLOSED IS MY PAYMENT OF: \$ _____ Cash Cheque Visa/ MC

VISA/MC# _____ Exp. Date: _____ Name on Card _____

Please Note: We provide a free booking service for road test appointments. Use of the instruction vehicle for the Ministry Road Test is **not** included in the course fee. A separate fee will be charged on the day of the road test

I hereby give consent for the release of any information by Abbey Lane Driver Training to the Ministry of Transportation, the Insurance Council of Canada or the course inspector pertaining to my attendance at or completion of this Ministry –Approved driver education course, including any information recorded on the student data record prescribed by the Ministry.

I heard about Abbey Lane Driver Training from: **Please Circle all that apply**
Family Friend Yellow Pages Internet Abbey Lane Web Site
Other _____

Student Signature