DRIVING SCHOOL
SINCE 1946
Of Gig Harbor Inc

www.a-driving-school.com

3123 56th Street NW Suite #15
Gig Harbor, WA 98335

(253) 851-4164

"A" Driving School of Gig Harbor, Inc. is approved by the Washington State Department of Licensing to issue Traffic Safety Education Certificates to teenage drivers who complete our course. Our course exceeds state requirements.

A STUDENT MUST BE AT LEAST FIFTEEN (15) YEARS OLD BY THE FIRST CLASS SESSION TO BE ELIGIBLE FOR ENROLLMENT.

Tuition: **$335** {if paid in-full by cash, check, or Credit Card at the time of registration} **or $355 {**if placing $200 down with balance paid in-full by the fourth week of course}.

All class sessions will be held on Monday, Tuesday, and Thursday evenings. A session may be scheduled on a Wednesday evening due to observed holidays. Instructor will notify students and/or families if such a change occurs.

REGISTRATION

For mail-in registration, please send a completed form and payment to address above

PLEASE PRINT

NAME:_____ ○ Male ○ Female
First M.I. Last (full legal name)

RESIDENCE ADDRESS:_____

CITY:_____ **COUNTY:**_____ **STATE:**_____ **ZIP CODE:**_____

TELEPHONE: (h)_____ **(cell # / optional)** _____

DOB:_____ **Age**_____ **Permit #**_____
month / date / year

COURSE SCHEDULE 2010
(Please "X" your choice)
Students may have no more than three absences during this course. Certificates will be held until all course requirements are met, and all fees are paid. Classes will be held on Wednesdays due to holidays or snow day make-ups.

4:30 - 6:30 p.m.	6:30 - 8:30 p.m.	10:00 a.m. - 12:00 p.m.
○ May 3 — June 3	○ *Apr 12— May 13	○ June 21 — July 22
○ June 7 — July 8	○ May 17 — June 17	○ July 26 — Aug 26
○ July 12 — Aug 12	○ June 21 — July 22	
○ Aug 16 — Sept 16	○ July 26 — Aug 26	
○ Sept 20 — Oct 21	○ Aug 30 — Sept 30	
○ *Nov 1 — Dec 9	○ Oct 4 — Nov 4	

I authorize my child to take the *"A" Driving School of Gig Harbor, Inc.* traffic safety course, in accordance with Washington State laws, and will ensure that he/she understands and will abide by all course policies.

Parent/Guardian Name (print):_____ **Signature:**_____

For Office Use Only

☐ **CASH** ☐ **CHECK#**_____ ☐ **CREDIT** **AMOUNT:$**_____ **RECEIPT#**_____

Date Received:_____