

# On Target Driving School, LLC

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## Enrollment Form

Name: First \_\_\_\_\_ MI \_\_\_\_ Last \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Student Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Cell: \_\_\_\_\_

High School: \_\_\_\_\_ Permit #: \_\_\_\_\_

Class Desired – Start Date \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

Why did you choose our school? \_\_\_\_\_

**Thank you for choosing On Target Driving School, LLC** to train your student in safe driving practices according to Washington law. Your help as a Parent / Guardian in providing your student practice drive time in addition to this instruction is essential to their success. **NOTE: Please plan to attend the Parent Orientation held during the first hour of Lesson 1.**

Enrollment Fee: Paid in Full \_\_\_\_ Partial Payment \_\_\_\_

Amount Received \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Today's Date \_\_\_\_\_ Waiver? Y / N

Planned Class Date: \_\_\_\_\_ Class #: \_\_\_\_\_