

WESTPORT CONTINUING EDUCATION

70 North Avenue, Westport, CT 06880

DRIVER EDUCATION PROGRAM



~ REGISTRATION FORM ~

As it appears on Birth Certificate:

NAME _____ DATE _____
Last first

ADDRESS _____
Street address town/zip

HOME PHONE _____ CELL PHONE _____

D.O.B. _____ GRADE _____ SCHOOL _____

EMAIL ADDRESS _____

I/we _____ hereby consent to my/our child _____

registering for the Driver Education and Traffic Safety Program(s) checked below:

30 CLASSROOM HOURS DRIVER & TRAFFIC SAFETY COURSE FEE \$ 175.

Course # _____ date _____ *1/4 Credit: (circle one) GRADE or PASS/FAIL*
*** (FAILURE to circle one will default to 'GRADE') ***

8 HOURS BEHIND THE WHEEL INSTRUCTION (By Appointment) FEE \$360.

LEARNER'S PERMIT # _____ DATE _____

8 Hour Safe Driving & Alcohol & Drug Education (By Arrangement) FEE \$ 100.

Course # 305 - Required for students not taking the 30 CLASSROOM HOURS course.

Parent or Guardian Signature

Student Signature

CHECK # _____ MASTER CARD _____ VISA _____ CASH _____

ACCT. # _____ EXP. _____ NAME _____

RECEIPT # _____ AMOUNT _____ DATE _____ NOTE _____

CHECK # _____ MASTER CARD _____ VISA _____ CASH _____

ACCT. # _____ EXP. _____ NAME _____

RECEIPT # _____ AMOUNT _____ DATE _____ NOTE _____



Rev. 11/03/06

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WWW.WESTPORTCONTINUINGED.COM

