

J.R.'s Driving School

429 Pulaski Blvd.
Bellingham, MA 02019

508-883-2298

Registration Form

Start Date: _____

Name: _____

Address: _____

Telephone: _____

School: _____

Learner's Permit Number or SSN: _____

Date of Birth: _____

Date Paid: _____ Check Number: _____ Amount Paid: _____

Cancellation Policy: A 24 hour notice is necessary for cancelled appointments. Full hourly rate will be charged for non-cancelled appointments and for no-shows. Cancelled paid registrations must be done one full week prior to start of class or an administrative charge of \$100 will be billed to the student.

By signing this form, you agree to abide by J.R.'s Driving School's policy and the terms and conditions stated above.

Parent Signature: _____