

Registration form
A Plus Global Driving School • Traffic Safety Education
(Please PRINT clearly)

LEGAL NAME: _____ /____/_____
Last First Middle Birthday

ADDRESS: _____
Street City Zip County

M F (Circle One) _____
Age Grade High School Permit #

HOME PHONE: _____ Student Cell # _____

Student's E-MAIL: _____

Parent's E-MAIL: _____

Parent/Guardian Name(s): _____

Parent/Guardian Work/Cell Telephone # _____

I wish to register to participate in the A Plus Global Driving School Traffic Safety Education (TSE) program. I am willing to give the necessary time and effort in order to fulfill the requirements of this approved course as prescribed by Washington State DOL. I understand that I will receive 30 hours of classroom instruction, 6 hours of behind-the-wheel (BTW) instruction, and approximately 1 hours of BTW observation during the course.

\$500 (COURSE ONLY) \$300 deposit prior to the first day of class, the remaining balance should be paid in full at the first day of class. Add 3% processing fee for all payments made online/credit/debit card.

Payment of the first installment is necessary to preserve my seat in the class. Please make checks payable to "A Plus Global Driving School." I understand that the fee is refundable only if I withdraw in writing within 1st day of the class session. If I transfer to another school having attended less than 50 percent of the class sessions in the A Plus Global Driving School TSE program, a prorated refund is available after I supply proof of enrollment in another driving school TSE program. Refunds will NOT be granted for "dropping" the class after the initial 1st day, or for suspension, expulsion, or failing the class for any reason.

I understand that I must show the instructor my Instruction Permit at every behind-the-wheel (BTW) lesson/s.

I understand that outside driving practice is a necessary component to proceed satisfactorily through the course.

I accept the policies explained in this Application. I fully approve of my son / daughter enrolling in the A Plus Global Driving School Traffic Safety Program.

Parent or Guardian Signature Date _____ **Student Signature** Date _____

NOTE: Return this completed registration form, along with your 1st payment, to the A Plus Global Driving School Office. Your seat in the course is not reserved until registration is complete.