

GREEN LIGHT DRIVING SCHOOL LLC DRIVER EDUCATION REGISTRATION FORM

[JC@GREENLIGHTDRIVINGSCHOOLPA.COM](mailto:jc@greenlightdrivingschoolpa.com) / 272-202-1431

Name _____

AGE _____

CONTACT PHONE _____

CONTACT E-MAIL _____

HOME ADDRESS _____

THE FOLLOWING MUST BE RETURNED TO GREEN LIGHT DRIVING SCHOOL, LLC:

1208 Lose Avenue or E-mail: jc@greenlightdrivingschoolpa.com
Williamsport, PA 17701

- THIS COMPLETED REGISTRATION FORM
- A CHECK OR MONEY ORDER PAYABLE TO: GREEN LIGHT DRIVING SCHOOL LLC
- CASH IS AVAILABLE UPON REQUEST
- SEND CHECK OR MONEY ORDER IN MAIL ALONG WITH REGISTRATION

PACKAGE #1 (6 hours) \$450____

PACKAGE #3 (9 hours) \$650____

PACKAGE #4 (12 hours) \$850____

SINGLE HOUR \$80 _____

ON THE ROAD TRAINING REGISTRATION: **This section will not be completed until the student receives his/her PA Learner's Permit. Once the student has taken their permit test and receives their permit, we will complete the rest of this form. If the student already has their permit/license, please complete the form below**

DRIVER ID# (on permit) _____

TEST ELIGIBILITY DATE _____

PERMIT EXPIRATION DATE _____

PLEASE READ THE AGREEMENT AND SIGN:

I UNDERSTAND THAT THIS PROGRAM IS A DRIVER EDUCATION PROGRAM INTENDED TO IMPROVE THE DRIVER'S KNOWLEDGE AND SKILLS IN A MOTOR VEHICLE. AT THE CONCLUSION OF BEHIND THE WHEEL TRAINING, THE STUDENT WILL BE AWARDED A CERTIFICATE OF COMPLETION. STUDENTS WILL BE SCHEDULED AS A FIRST COME FIRST SERVE BASIS AND AVAILABILITY. THIS COURSE DOES NOT GUARANTEE THE STUDENT PASS THEIR DRIVING EXAM AT THE DLC OR ELIMINATION OF DRIVING CITATIONS AND/OR DRIVING COLLISIONS.

CLIENT'S SIGNATURE _____ DATE _____