

1/12/2010



WWW.ALEXISDRIVINGSCHOOL.COM

## REGISTRATION

STUDENT NAME: \_\_\_\_\_ MALE/FEMALE  
(Please print)      Last (Legal)      First      Middle      (circle one)

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
(MUST BE 15 YEARS OLD PRIOR TO THE FIRST DAY OF CLASS)

TODAY'S DATE: \_\_\_\_\_ CLASS REQUESTED: \_\_\_\_\_  
(CLASS DATE & TIME)

PLEASE CHOOSE AN ALTERNATE CLASS: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ALEXIS DRIVING SCHOOL IS APPROVED BY THE WASHINGTON STATE DEPT. OF LICENSING TO ISSUE TRAFFIC SAFETY CERTIFICATES TO TEEN-AGE DRIVERS WHO COMPLETE OUR COURSE. OUR COURSE MEETS AND EXCEEDS STATE REQUIREMENTS.

TUITION FEE: **\$395.00** (\$200.00 is due at time of registration. This will reserve a space for your student. The balance of \$195.00 is due before completion of the course. Students may register at the classroom the first day of class on a space available basis.) Price subject to change.

**I AUTHORIZE MY SON/DAUGHTER TO TAKE THE ALEXIS DRIVING SCHOOL COURSE, IN ACCORDANCE WITH WASHINGTON STATE LAWS, AND THAT HE/SHE UNDERSTANDS ALL SCHOOL POLICIES AND WILL ABIDE BY THEM.**

**PARENT OR GUARDIAN'S SIGNATURE OF APPROVAL:** \_\_\_\_\_

**PLEASE MAIL PAYMENT AND REGISTRATION TO THE OFFICE ADDRESS BELOW:**

**OFFICE:  
3703 PACIFIC AVE SE  
OLYMPIA, WA 98501  
PH: (360)491-4728 FAX: (360)459-1315  
HOURS: MONDAY-FRIDAY 9AM-5PM**

**OFFICE USE ONLY:**

CK/CASH: \_\_\_\_\_ CC: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ RECEIPT# \_\_\_\_\_

