

REGISTRATION FORM:

COMPLETE ONLINE CLASSROOM AND BEHIND THE WHEEL /6+6 PROGRAM

Today's Date: _____

Student's **legal** name:

First _____ **Middle** _____ **Last** _____

Address: _____ **City** _____ **Zip Code** _____

Date of Birth: _____

Home Phone# _____ **Cell Phone #** _____

Email address: _____

PLEASE MAIL OR DROP OFF REGISTRATION FORM TO OUR OFFICE

PAYMENT DUE IN FULL/CASH OR CHECK ONLY

(CREDIT CARD PAYMENT AVAILABLE ONLINE ONLY)

**TRI COUNTY DRIVING SCHOOL, INC
526 W. WISCONSIN AVE
APPLETON, WI 54911
920-734-7330**