

REGISTRATION FORM:
ONLINE CLASSROOM ONLY 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