

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: _____ **High School:** _____

Parent's Phone #: _____ **Student's 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**