



www.a-driving-school.com

3123 56th Street NW Suite #15  
Gig Harbor, WA 98335

(253) 851-4164

"A" Driving School of Gig Harbor, Inc. is approved by the Washington State Department of Licensing to issue Traffic Safety Education Certificates to teenage drivers who complete our course. Our course exceeds state requirements.

**A STUDENT MUST BE AT LEAST FIFTEEN (15) YEARS OLD BY THE FIRST CLASS SESSION TO BE ELIGIBLE FOR ENROLLMENT.**

**Tuition: \$450** {if paid in-full by cash, check, or Credit Card at the time of registration} **or \$475** {if placing \$250 down with balance paid in-full by the fourth week of course}.

**All class sessions will be held on Monday, Tuesday, and Thursday evenings.** A session may be scheduled on a Wednesday evening due to observed holidays. Instructor will notify students and/or families if such a change occurs.

## REGISTRATION

*For mail-in registration, please send a completed form and payment to address above*

### PLEASE PRINT

NAME: \_\_\_\_\_  Male  
First M.I. Last (full legal name)  Female

RESIDENCE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: (h) \_\_\_\_\_ (cell # / optional) \_\_\_\_\_

DOB: \_\_\_\_\_ Age \_\_\_\_\_ Permit # \_\_\_\_\_  
month / date / year

### COURSE SCHEDULE 2018

*(Please "X" your choice)*  
*Students may have no more than three absences during this course.*  
*Classes may be held on Wednesdays due to holidays or snow day make-ups.*

**\* Course will be 6 weeks.**

#### 3:30 - 5:30 p.m.

- \*Feb 26 — Mar 29
- \*Apr 2 — May 10
- May 21 — June 21
- July 2 — Aug 2
- Aug 13 — Sept 13
- Sept 17 — Oct 18

#### 5:30 - 7:30 p.m.

- \*Jan 22 — Mar 1
- Mar 12 — Apr 12
- Apr 23 — May 24
- May 28 — June 28
- Sept 4 — Oct 4
- \*Oct 15 — Nov 20

#### 10:00 a.m. - 12:00 p.m.

- June 25 — July 26
- July 30 — Aug 30

I authorize my child to take the "A" Driving School of Gig Harbor, Inc. traffic safety course, in accordance with Washington State laws, and will ensure that he/she understands and will abide by all course policies.

Parent/Guardian Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

*For Office Use Only*

CASH  CHECK# \_\_\_\_\_  CREDIT AMOUNT:\$ \_\_\_\_\_ RECEIPT# \_\_\_\_\_

Date Received: \_\_\_\_\_