"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: $500.00 {if paid in-full by cash, check, or Credit Card at the time of registration} or $525.00 {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 ○ Female

First

M.I.

Last (full legal name)

RESIDENCE ADDRESS:

CITY: __________________________ COUNTY: __________________________ STATE: _________ ZIP CODE: ____________

TELEPHONE: (h) _____________________________ (cell # / optional) _____________________________

DOB: ___________________________ Age ________ Permit # ___________________________ month / date / year

COURSE SCHEDULE 2020

(Choose 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 6/7 weeks.

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<th>3:30 - 5:30 p.m.</th>
<th>5:30 - 7:30 p.m.</th>
<th>10:00 a.m. - 12:00 p.m.</th>
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<tr>
<td>&quot;Apr 6 — May 14&quot;</td>
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<td>&quot;June 22 — July 23&quot;</td>
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<td>&quot;May 26 — June 25&quot;</td>
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<td>&quot;Aug 17 — Sept 17&quot;</td>
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<td>&quot;Sept 28 — Oct 29&quot;</td>
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<td>&quot;Nov 9 — Dec 17&quot;</td>
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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: ______________