

TRANSPORTATION SOLUTIONS

APPLICATION FOR DRIVER'S EDUCATION

January 5th – February 23rd 2010

2:45-4:45

Held at Harbor Creek High School

Last Name: _____ First Name _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone Number:() _____ DOB: _____

Email address: _____

Current School Attending: _____ Grade: _____

Classroom Session: \$100.00

(Please make checks out to: **TRANSPORTATION SOLUTIONS** – full payment must be sent in with the application. See address listed at the bottom of this application) **You do not have to have your permit to take this class.**

Attendance: Please note that all students must follow the PA Department of Education's rule and they must complete 30 hours of instruction. THEY CAN NOT MISS ONE CLASS. If they do I can not give them a certificate and no refund will be given.

Cancellation Fee: If a student must cancel after you have sent in payment you must cancel one week prior to the start of the session. If insufficient notice is given then there will be no refund.

CONSENT: (IF UNDER 18 YEARS OLD THIS MUST BE SIGNED BY A PARENT)

My signature hereto signifies my consent to permit myself, son/daughter to participate in driver educational classes. I understand that this training is not a guarantee that myself, son/daughter will use the safe driving skills taught, therefore I can hold neither the driving school nor the instructor liable in any way.

Student or Parent/Guardian Signature

Date

Any questions please call us at **TRANSPORTATION SOLUTIONS**, (814) 833.2301, 4202 Peach Street, Erie, PA 16509 or e-mail us at solutions@drivingneeds.com or visit our web site at www.drivingneeds.com