Clearview Driving School Inc.

Teen Driver Education Program Enrollment

Student's full name_____
First MI. Last

Address_____

City_____ State_____ Zip Code_____

Gender_____ Date of Birth_____

Phone_____ Cell Phone_____

High School_____

Course number_____ Class time 10:00 am
4:00 pm
6:00 pm

I have read and understood the Rules and Regulations Form and agree to participate in Clearview Driving School's Teen Driver Education Program.

Student signature_____
Date_____

I have read and understood the Rules and Regulations Form and give my child permission to participate in Clearview Driving School's Teen Driver Education Program.

Parent/guardian
signature_____
Date_____

Please mail payment to:
Clearview Driving School
1669 Montgomery Road Unit 7
Aurora, IL. 60504