



“DRIVING STUDENTS INTO THE FUTURE”

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ENROLLMENT FORM PLEASE FILL OUT ALL INFORMATION

STUDENT NAME AND INFORMATION

LAST NAME: _____

FIRST NAME: _____ MIDDLE: _____

HOME ADDRESS: _____

CITY/TOWN: _____ ZIP CODE: _____

PHONE #: _____ CELL #: _____

DRIVER INSTRUCTION PERMIT #: _____

SCHOOL CURRENTLY ATTENDING: _____

INDICATE WHICH DRIVING CLASS YOU WANT TO ATTEND AND MONTH IT STARTS:

PARENT/GUARDIAN INFORMATION

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY/TOWN: _____ ZIP CODE: _____

HOME PHONE #: _____ CELL#: _____

WORK PHONE #: _____

E-MAIL: _____

EMERGENCY CONTACT INFORMATION

DOCTOR: _____ PHONE #: _____

HOSPITAL: _____

By signing below you understand that Deluxe Driving Academy, L.L.C. assumes no liability whatsoever of negative driving issues or outcomes by the student during or after the completion of this class. We promote and teach safe driving principals, however it is the ultimate responsibility of the parent(s) to ensure their child is ready and capable of receiving a drivers license.

STUDENT SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____