Safe Roads Driving Academy Inc. 495 Electric Avenue Parkhill Plaza Fitchburg, MA 01420 978-345-6200

Registration Form

A learners Permit is not required to begin classroom lessons.

Print your full name as it will appear on your permit/drivers license; (please print clearly)

Student First Name	Full Middle Name		Student Last Name
Street Address	City, Zip		Date of Birth
Home Telephone Number	Student Cell Phone Number		High School
Parent/Guardian First Name	Parent/Guardian Last Name		Parent/Guardian Cell Phone
Student Email		Parent/Guardian Email	
Permit Number		Date Permit Obtained	
Referred by: First & Last Name		Referred by Home Address	
Please fill in the class session	ı you're register	ing for:	
Please make check payab	0.00 deposit is r		e of registration.
********	*** <mark>For Office l</mark>	Use Only****	**********
Total Cost: \$Includes Classroom, Driving, Parent Class and RMV Certificate			
Registration Deposit: \$	Date:	Cash _	Check #
Balance: \$			

"Your keys to successful driving"