



Ref:.....Date:/...../.....



REGISTRATION FORMS

A. STUDENT INFORMATION

First Name :..... Middle Name :..... Surname :.....
Date of Birth Current Residential Address
Digital Address Hometown :.....
Current Phone Number :..... Language Spoken
Level Of Education :..... Occupation :.....
Email :..... (For confirmation Reminder)

B. CONTACT INFORMATION

Parent Guardian Name.....
Contact No: Relationship to student :.....

C. ANY VAID NATIONAL IDENTITY CARD

PASSPORT ECOWAS CARD VOTERS CARD NHIS CARD DRIVING LICENCE

D. LICENCE PAKAGE

PRESTIGE PREMIUM STANDARD

E. VEHICLE TYPE

AUTOMATIC MANUAL BOTH

F. OFFICE USE:

Registration Fees:	GhC
License & Training Fees:	GhC	Student Signature
Payment (Full/Part):	GhC
	(Cash/Cheque/Momo)	Finance/Account/Manger
Balance:	GhC
		Managing Director

NOTE: To register is to accept to abide by all terms & conditions of conduct of the Driving Academy as may be made known to you in due course