MED CITY DRIVING SCHOOL

P.O. Box 6914 Rochester, MN 55903 medcitydrivingschool@yahoo.com 507-289-8995

FIRST

NAME:

FOR OFFICE USE ONLY:

DOB

#26₋

VIRTUAL DRIVER'S EDUCATION ENROLLMENT FORM

LAST

MIDDLE

ADDRESS:						
	STREET	CITY	STATE	ZIP CODE		
CONTACT:						
	PHONE #1	PHONE #2		EMAIL ADDRESS		
				river's Education Training and 6	6-hours of	
		l training for a fee of \$375.			3.6	
	1 1	ed by the Minnesota Depai h Minnesota Statutes and I		fety for the purposes of providin	ig Minnesota ba	
	•	OOM. Students are expect		ameras on for attendance		
1 0	•	-		fore they can receive the Course	Completion	
Confirmation t	that is needed to take t	the Minnesota Instruction 1	Permit exam.	·	-	
				paced out over the Instruction Pe	-	
have NO LESS	S than 30 days betwee	n appointments. Pick up/d	rop off locations as	e to added to the Notes Box whe	en scheduling.	
REFUNDS wi	ll be issued in full onl	y if training has not begun				
CLASS TRAINING DATE: MARCH 2-13, 2026				CLASS TIME: 4:30-7:30PM		
	MING DITTE: WITHO	11 2 13, 2020		CE1100 1111E. 1.30 7.30	1 1/1	
30hrs VIRTUA	L CLASSROOM & 6	hrs BTW \$375.00	30hrs VIRTU	AL CLASSROOM ONLY \$100	0.00	
PARENT/	GUARDIAN:			DATE]· 	
SIUDEN	1 ·			$_{ m DATE}$	ı •	
MCDS OFFICAL:				<u>DATE:</u>		
PAYMENT: C	ASH CHECK#	_ CREDIT CARD#		EXP		
VISA	MASTERCA	RD AMERICAN E	EXPRESS D	ISCOVER PAYPA	ΛL	
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