

Application for Washington Driver Education Center 101

150 W William White Way, Shelton, WA 98584

360-229-6306

(Please **PRINT** clearly the following information)

Student Legal Name: _____
Last First Middle Initial Birth Date

Address: _____
Street City Zip

M **F** (circle one) _____
Age Grade

Home Phone: _____ **Student Cell Phone:** _____

Parent/Guardian(s) Name: _____

Parent/Guardian EMAIL: _____

Mailing Address: _____

Cell Phone: _____ **Work Phone:** _____

Check the Preferred Class:

School Year Course Times

Summer Course Times

_____ Mon, Tues and Wed 3:00 – 5:15pm

TBD

_____ Mon, Tues and Wed 6:00 - 8:15pm

All enrolled students MUST be 15 years of age by the course start date.

I wish to participate in the Washington Driver Education Center 101 Traffic Safety Education Program. I am willing to give the necessary time and effort to fulfill the requirements of this accredited course as prescribed by the Washington State Department of Licensing, and outlined in the agreement. I understand that WADEC101 meets or exceeds all State requirements. This is a 5 to 6-week course. **All** course requirements must be completed within the course session dates. Fees apply if the course is not completed within time allowed. Course must be completed concurrently within the next contiguous course session or you will be dropped from the program.

It is further understood that it is necessary to pay the full tuition of \$425, all but \$125 refundable if I withdraw prior to the second-class session. Please make checks payable to "Washington Driver Education Center 101". No refund will be granted after the beginning of the 2nd class or for any suspension, expulsion, and/or failing the program for any reason. Additional fees may apply. See Agreement for details. WADEC101 will enter Permit Waivers online 10 calendar days prior to the first day of class, per Washington State Law. No enrollment after the 3rd class and no more than 3 absences during entire course session.

I realize I must read and agree to comply with the requirements as stated in the WADEC101 Agreement. If I have questions or concerns I must contact my instructor.

Student Signature and Date

Parent/Guardian Signature and Date

