



# ABLE DRIVING SCHOOL

...Building Confidence in New Drivers

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## COURSE REGISTRATION FORM

REG# \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #/Learner's Permit #/ State I.D/ Passport #/ Birth Certificate #:

Date of Registration:

### Contact Information

Mailing Address:

City:

State:

Zip Code:

Home Phone Number:

Cell/Mobile:

Work:

### COURSE DESCRIPTION

- 3 Hours Drug & Alcohol Education Program (ADEP)
- Driver Improvement Program (DIP)
- 30 Hours Driver Education Program (DEP) and 6 Hours Behind The Wheel (BTW)

Behind the Wheel (ONLY) \_\_\_\_\_ Number of Hours: \_\_\_\_\_ Hours Remaining: \_\_\_\_\_

### Payment Information

AMOUNT DUE: \$ \_\_\_\_\_

DATE OF PAYMENT: \_\_\_\_\_

PAYMENT TYPE:

AMOUNT DUE: \$ \_\_\_\_\_

1<sup>ST</sup> INSTALLMENT: \_\_\_\_\_

CASH

BALANCE: \$ \_\_\_\_\_

FINAL Installment: \_\_\_\_\_

CHECK

CREDIT/DEBIT CARD

\*A \$35.00 non-refundable processing fee will be added for each declined card r returned check payment

Applicant's Signature \_\_\_\_\_

Staff Signature \_\_\_\_\_

Date: \_\_\_\_\_

Date \_\_\_\_\_