



## STUDENT ENROLLMENT FORM

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Student Phone: \_\_\_\_\_

Student Email: \_\_\_\_\_

Parent/Guardian (if under 18)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## LIABILITY WAIVER & CONSENT FORM

I acknowledge that driver training includes inherent risks such as traffic conditions, weather, and other drivers.

I agree to follow all instructions from Premier National Driving School instructors and obey all traffic laws.

I agree not to hold the school, instructors, vehicles, or affiliates liable for injuries, damages, or accidents incurred during lessons.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if minor): \_\_\_\_\_ Date: \_\_\_\_\_



## PAYMENT AGREEMENT / TUITION POLICY

Program Selected: \_\_\_\_\_

Total Tuition: \$ \_\_\_\_\_

the ■ wheel lessons.

- 24 ■ hour notice required to cancel or reschedule, or a \$35 fee applies.
- Refunds only if canceled before instruction begins (minus \$40 admin fee).

Signature: \_\_\_\_\_ ■ Date: \_\_\_\_\_

### **Payment Terms**

- Payment required before scheduling behind







# STUDENT PROGRESS REPORT & SKILLS CHECKLIST

Rate each skill 1–5 (1 = Needs Improvement, 5 = Excellent)

Steering Control: 1 2 3 4 5

Speed Control: 1 2 3 4 5

Parking Skills: 1 2 3 4 5

Turn Accuracy: 1 2 3 4 5

Mirror Use: 1 2 3 4 5

Defensive Driving: 1 2 3 4 5

## Instructor Notes

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## Final Recommendation

☐ Ready for Road Test ☐ Needs Additional Training

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_