



NELSON DRIVING SCHOOL, LLC

2300 JAMES ST #103
BELLINGHAM, WA 98226
(360) 756-8777

INFO@NELSONDRIVINGSCHOOL.COM
WWW.NELSONDRIVINGSCHOOL.COM

Teen Course Completion Extension Request

Student Name: _____

Parent Name: _____ Phone: _____

Email: _____

I am requesting that my son/daughter complete their teen driver education course due to the following reason(s) even though they are past the course policy of 6 months from the day they started driver education:

___ Medical Reason (may require a note from a medical professional)

___ Other Please explain:

Please note that a balance on your account will be an automatic denial. **Scheduling of drives and make up classes are not an acceptable reason for an extension.** Students and parents are reminded regularly of the completion requirements and are encouraged to schedule drives and make-up regularly throughout the course.

Nelson Driving School, LLC will notify you of the approval or denial of course completion. The request will extend your date of completion by an additional 3 months for a total of 9 months from your 1st class (start date).

Parent/Guardian Date

Internal Use Only

Acct. # _____ Class Start Date _____

of classes left to complete _____ # of drives left to complete _____

Course final passed No Yes

Balance on account No YES \$ _____

Request for completion past 6-month completion period ___ Approved ___ Denied

Reason for Denial:

Instructor _____ License # _____