



Nelson Driving School, LLC

www.nelsondrivingschool.com ♦ (360) 756-8777

2300 James St, Suite 103, Bellingham WA 98225

Bellingham ♦ Mt Baker HS ♦ Blaine HS ♦ Meridian HS

Teen Course Completion 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 start driver education AND/OR they have missed more than 6 classroom sessions. Students that have a balance on their account will not be considered for approval until the balance has been paid in full.

Please select which option best fits reason for missing more than 6 class sessions or for not completing within 6 months from student's start date.

Please explain:

Nelson Driving School, LLC will notify you of the approval or denial of course completion.

Parent/Guardian

Date

Internal Use Only- PLEASE PUT COPY IN STUDENT FILE

Acct. # _____ Class Start Date _____ Class End Date _____

of Classes left to complete _____ # of drives left to complete _____

Retake Final NO YES \$ Owed NO YES \$ _____

Request for completion past 6-month completion period _____ **Approved** _____ **Denied**

Reason for Denial:

NDS Signature _____ License # _____