PRO DRIVING MS

DRIVER EDUCATION

ENROLLMENT PACKET

DRIVE LIKE A PRO.

1. STUDENT INFORMATION

Student Full Name

Date of Birth (MM/DD/YYYY) | Age | County

Street Address

City | State | Zip Code

Student Phone | Student Email

2. PARENT / GUARDIAN INFORMATION (IF UNDER 18)

Parent / Guardian Name

Relationship | Phone Number

Email Address

Emergency Contact Name | Emergency Contact Phone

Relationship to Student

3. PROGRAM SELECTION (CHECK ONE)

- ☐ Driver Education (30 Hours)
- ☐ Self-Paced Online Driver Education
- ☐ Live Virtual Driver Education
- ☐ Behind-the-Wheel Training
- ☐ Adult Driving Lessons
- ☐ Refresher Driving Lessons

4. PERMIT INFORMATION

- ☐ I am at least 14 years old and will receive behind-the-wheel instruction under the supervision of a certified instructor.
- ☐ I currently have a Mississippi Learner's Permit.

Permit Number (if applicable)

5. SCHEDULING PREFERENCES

PREFERRED DAYS (CHECK ALL THAT APPLY)

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

PREFERRED TIME (CHECK ALL THAT APPLY)

☐ Morning (8AM-12PM) ☐ Afternoon (12PM-5PM) ☐ Evening (5PM-8PM)

CANCELLATION POLICY

- A minimum of 24 hours' notice is required to cancel or reschedule any behind-the-wheel lesson.
- Lessons canceled with less than 24 hours' notice will be considered a no-show and the lesson will be forfeited.
- No-shows or late cancellations are non-refundable and cannot be rescheduled without instructor approval.
- Pro Driving MS reserves the right to reschedule lessons due to weather, road conditions, or unforeseen circumstances.

WAIVER AND RELEASE OF LIABILITY

I understand that driving instruction involves inherent risks. I voluntarily assume all risks associated with participation in the Pro Driving MS program. I release, waive, discharge, and covenant not to sue Pro Driving MS, its owner, instructors, employees, and affiiliates from any and all liabillty, claims, demands, damages, or causes of action, including for any injury or property damage that may occur during or as a result of driving instruction.

I understand that Pro Driving MS does not provide a vehicle for instruction. I certify that the vehicle used during driving lessons will be legally registered, properly insured, and in safe operating condition.

I have read and understand the cancellation policy, waiver and release of liability, and agree to abide by them.

By checking the boxes, I acknowledge that I have read, understand, and agree to the Cancellation Policy and Waiver & Release of Liability above.

☐ I agree to the Cancellation Policy.

☐ I agree to the Waiver & Release of Liability.

Student Signature (If 18 or older) | **Date**

Parent / Guardian Signature (If student is under 18) | **Date**

6. ADDITIONAL INFORMATION

Do you have any medical conditions, physical limitations, or allergies we should be aware of?

Is there any other information we should know to best support your learning experience?

7. PHOTO RELEASE (OPTIONAL)

Pro Driving MS may use my or my student's photo for marketing and social media.

- ☐ Yes, I give permission.
- ☐ No, I do not give permission.

8. EMERGENCY AUTHORIZATION

In case of emergency, if I cannot be reached, I authorize Pro Driving MS to secure emergency medical treatment for my child.

Authorized By (Print Name)

Relationship

Phone Number

9. NOTES / SPECIAL INSTRUCTIONS

(For office use or to share important information)

OFFICE USE ONLY

Enrollment Date | Program Enrolled | Instructor

Payment Method ☐ Cash ☐ Card ☐ Online ☐ Other

Amount Paid ($) | Balance Due ($) | Receipt #

Completion Certificate Issued ☐ | Date | Notes