

DRIVER EDUCATION BEHIND-THE-WHEEL (BTW) REGISTRATION FORM

Sign up as soon as possible as there is a waitlist

Parent/Guardian Statement – I acknowledge that:

1. I hereby make application to have my child registered to take Driver Education Behind-the-Wheel training.

Student _____ Date of Birth ____/____/____

FULL LEGAL NAME REQUIRED First Middle Last

Grade in School _____ School Attending _____ Current Age _____ years old

Address _____ City _____ State _____ Zip _____

Home phone _____ Alternative phone(s) _____

Parent/Guardian name(s) _____ Parent/Guardian email _____

2. Payment of **\$242** included with this registration: cash _____ check # _____ (checks payable to Community Services)

Discover/MasterCard/VISA _____ - _____ - _____ Exp. ____/____ Name as it appears on card _____

3. I have read and I understand the accompanying BTW information sheet.

Parent/Guardian Signature _____ Date _____

Student/Parent Statement – I understand that:1. I must have my MN Instruction Permit before I sign up for Behind-the-Wheel and **a copy of the permit must be attached to this application**. My MN Instruction Permit # is _____

2. Before scheduled for BTW, I must have completed and submitted this form indicating times I am available.

3. Payment is included with this registration. If I cancel my registration, a \$30 processing fee will incur.

4. After completion of Behind-the-Wheel, I understand I will receive a Certificate of Completion, referred to as a white card, which I will need to take the driver's road test. I understand I will have to pay a \$10 fee if I need a replacement card.

5. I understand I need to complete a supervised driving log to submit when applying for a Provisional Driver's License.

6. If you fail to attend an appointment:

A drop/add fee of \$30 will be assessed to schedule another appointment

BTW takes place outside the school day. Please check times you are available. On non-school days BTW can take place during the day.

Before school (6:30 a.m.) _____ After school _____ Saturday morning _____ Saturday afternoon _____

Please note additional info for scheduling your BTW including conflicts like vacation, work or co-curricular activities:

Student Signature _____ Date _____

This form may contain your sensitive financial information. Please bring your form directly to the Community Services Office to be processed. We are located within the Youth Wing (door #20), 1651 Jefferson Parkway, Northfield, MN 55057

FOR OFFICE USE ONLY: 6920-2018

Date of receipt _____ Registration entered by _____ ☐ Supervised Driving Log Distributed

Revised 6/11/2018