

Brookline Driving School, Inc.

374 BOYLSTON STREET*BROOKLINE* MASSACHUSETTS * 02445 TELEPHONE (617)232-9400 * FAX (617) 232-3330

Student Name (as it appear on the permit):			D.O.B//
	Full Last Name	Full first name	
Address:	Apt	City	Zip Code:
Home (Eve.):	_Parent (Cell):	Student	's (cell)
Email (Student):	Em	nail (Parent)	·
Parent's Name:			
Learner's Permit # (if you have	one already): S		Date/
<u>Please select class session: P</u>	lease note that the classe	es will be filled on a fi	rst-come First-served basis.
Course Starting Date	A	alternative Course (if	Any)
The fee of \$670 is due at time of	of registration. Checks sh	ould be made payab	le to Brookline Driving School.
<u>Please not</u>	e that parent is required	to attend one 2-hour	parent session.
	Contract (E	Below)	
ent must sign the contract section be	low. This will certify that	the parent is aware	that 24-hour cancellation notice is
	-		n the car (Friday notice must be given fo
• •	•	•	n -5:30pm, by calling 617-232-9400 or
out the 24-hour notice.	<u>om</u> . There will be a pena	ity ree or \$35 per not	ur when lessons are cancelled or missed
Lhave read and agree	with these terms:		
i ilave reau allu agree		Parent Signature (Rec	
Parent Name:			

(Email it to <u>Brooklinedriving@yahoo.com</u> or Fax this Sheet to Brookline Driving School (617)232-3330. If paying by Check, mail original to Brookline Driving School 374 Boylston street, Brookline MA 02445 with Tuition Payment (made to Brookline Driving School) to insure your space on our Roster). For Credit/Debit card payment (Visa, MC or Discover) please call 617-232-9400.