



Brookline Driving School, Inc.

374 BOYLSTON STREET * BROOKLINE * MASSACHUSETTS * 02445

TELEPHONE (617)232-9400 * FAX (617) 232-3330

Web: Brooklinedrivingschool.com Email: Brooklinedriving@yahoo.com

Student Name: _____ Date: _____

Address: _____ Zip Code: _____

Phone (Eve.): _____ Phone (Cell): _____ Student's (Cell) _____

Email Address: _____

Parent's Name: _____ High School: _____

Learner's Permit # (if you have one already): S _____ DOB: ____/____/____

Please select class session: Please note that the classes will be filled on a first-come First-served basis.

Course Starting Date _____ Alternative Course (if Any) _____

The fee of \$620 is due at time of registration. Checks should be made payable to Brookline Driving School.

Please note that parent is required to attend one 2-hour parent session.

Contract (Below)

A parent must sign the contract section below. This will certify that the parent is aware that 24-hour cancellation notice is required for all on-the-road lessons, including both driving and observation instruction in the car (Friday notice must be given for weekend or Monday lessons). Notice must be given during office hours Only M-F 9:30am -5:30pm, by calling 617-232-9400 or through Email: Brooklinedriving@yahoo.com . There will be a penalty fee of \$35 per hour when lessons are cancelled or missed without the 24-hour notice.

I have read and agree with these terms: _____

Parent Signature (Required)

Parent Name: _____

Once signed, please either: 1) Fax this Sheet to Brookline Driving School Fax# (617)232-3330, or 2) Email it to us as an attachment to Brooklinedriving@yahoo.com or 3) mail it to: Brookline Driving School, 374 Boylston Street, Brookline, MA 02445 with Tuition Payment to insure your space on our roster.