

Brentwood Driver Training
Classroom Registration – Lipscomb Academy
(615) 373-5634
www.BrentwoodDriverTraining.com

This course consists of **30 hours of classroom training and 6 hours behind-the-wheel training**. The course fee is **\$395** (specially reduced Lipscomb Academy price). Fees are to be paid in advance by mailing the fee with form below. The *classroom* portion will be held on the Lipscomb Academy campus for *four* days from 8:30 AM - 4:30 PM. The *behind-the-wheel* trainings are completed in three 2 hour sessions. We pick up at home or school for the in-car training and return home at the end of the lesson. Students should come to class knowing *their calendar* so they can choose their in-car driving times. If you cancel an in-car lesson with less than two business days notice, there is a \$35 charge to reschedule a new lesson. *If you cannot attend all four days of this session, you may choose make-up Saturdays at one of our personal locations at no cost.*

Winter 2019 Lipscomb Academy

Monday - Tuesday, *December 30-31*
Thursday - Friday, *January 2-3*

We will meet all days from 8:30-4:30.

- You test with us for your license if you've held a permit for at least 180 days
- This course is good for an insurance reduction
- Students must know their social security number to complete paper work when testing for a license
- Two hours of behind-the-wheel training will be done on a simulator to learn driving in bad weather, emergencies, etc.
- Please bring a blue ink pen and non-spiral bound notebook

DO NOT DETACH

PLEASE PRINT LEGIBLY

Name _____ DOB ____/____/____ Phone _____
(Full Legal First & Last Name)

Address _____
(Street) (City) (State) (Zip Code)

E-mail Address _____ Has Learner's Permit?: **Yes / No**
(to confirm enrollment) *CIRCLE ONE*

Mail to:
Brentwood Driver Training
P.O. Box 922
Brentwood, TN 37024-0922

By signing here you agree to the terms of this contract including cancellation policy, and the permit/license requirements.

Parent Signature

Please pay with check, money order, or credit card
(\$10 processing fee when using credit card)

If paying by credit card, please enter the following information:

Card Type **Visa / MasterCard** Card # _____ Exp. _____
CIRCLE ONE Mo. Year

Cardholder Name _____ Cardholder Signature _____

If using a credit card, you can mail this form to the P.O. Box listed above **OR fax** to (615) 678-0100.