

606 Mountainview Square, Kitimat, BC V8C 2N2 Phone: 250-639-7139 Toll Free: 1-877-809-8098

Driving Course Registration

Applicant Information							
Full Name:					Date:		
Address:	Last	Firs	it		M.I.	-	
Auuress.	Street Address					Apartment/Unit #	
	City				Prov	Postal Code	
Contact #:				Email			
Date Available:			Date of Birth				
Driver's Lice	ense #		Lessor	n/Course			
•	ooked your road test? I conditions to be aware of	YES YES	NO NO	If yes, when?			
Emergency	contact person and #:						
		[Driving	Experience			
Approximately how many hours have you been driving?							
Do you require pick up or drop off?							
		Disc	claimer	and Signature			
I certify that the above information is correct. I understand that I am to give the Haisla Driving School 24 hours' notice if rebooking in car training or I will be billed 50% of my lesson costs. I also acknowledge that driving lessons with the Haisla Driving School does not guarantee passing of my road test.							
Signature:					Da	te:	
Minor's Pare Signature:	ent 				Da	te:	
HOW DID YOU HEAR ABOUT US? Please check ALL that apply:							
Door to do		Facebook		Tr /	Family		
Radio		Friends			School		