Maverick Driving Academy

"Changing Driver Behavior" 1237 Mt. Zion Road Spartanburg, SC 29303 864-908-7015 or 864-921-6641

Third Party Testing - STUDENT REGISTRATION

Last Name	First Name	Middle In	itial	
Address	City	State	Zip Code	
Home Phone#:	Cell #:	Beginners Permit #		
School Attending:		<mark>Email A</mark> ddress:		
Parent/Guardian's Name:		Day Phone #:		
Cell #:	Email Address:			
	STUDE	NT INFORMATION		
			ts are expected to conduct themselves in ning vehicles. Students can be dismissed Student/Parent(s) Initial:	
Requirements: As required by law	y, students must have in their po	ssession while driving, any correctiv	e lenses required by the Department of M	otoi
Vehicles.				
<u>Tuition and Fees:</u> The fee for TH a \$35.00 service fee for any returne		00. All fees must be paid in full prior	to receiving driving certificate. There wil	l be
<u>Refunds:</u> None				
	DO BURN	Student Signature	Date	
- and the second			Y	
	1.1	Owner	Date	
(Plassa Nota: Th	a training vahicle has a stand	ard automatic transmission and a	ual brake control system)	

(Please Note: The training vehicle has a standard automatic transmission and a dual brake control system)