

Registration Form

Date:

NORTH ANDOVER AUTO SCHOOL, LLC

203 Turnpike Street, Suite 404
North Andover, MA 01845

Class Start Date Requesting: _____

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Student Cell: _____

Mom's Cell: _____ Dad's Cell: _____

Email Address: _____

Date of Birth: _____ Age: _____ Years _____ Months
MUST BE 15 yrs 9 Mos prior to first day of class

Permit # _____ Date Issued: _____

Do you wear corrective lenses for Driving?: _____ Male _____ Female _____

High School: _____ Town: _____

Do you have any physical condition that would require special Driving Equipment in the car? _____

Do you have any special learning needs? _____ Do you take medication regularly? _____

How Did you Hear About Us? _____

Please explain any Yes answers here:

Applicant Signature: _____ Date: _____

Please send in with an initial deposit of at least \$325.00 to hold seat in class.