PLEASE FILL IN THE INFORMATION AT THE BOTTOM OF THIS PAGE

L	H	D	T	DATE	M/C	VISA	CK#	CASH	PRE-PD	BALANCE DUE

SIGN UP DATE	CERTIFICATE NUMBER	COMPLETION DATE	INSTRUCTOR	DRIVING DATE

NAME (LAST, FIRST MIDDLE)	SF470	PHONE

D & D DRIVING SCHOOL, INC

1867 SALEM AVENUE _____
3125 WILMINGTON PIKE _____
6656 BRANDT PIKE _____
860 S UNION BLVD _____
65 WEST MAIN STREET _____
155 LOWER BELLBROOK RD. _____

PRINT ONLY

WHICH SCHOOL DO YOU ATTEND? WHAT TIME DO YOU GET OUT? TODAY'S DATE

NAME - -
FIRST MIDDLE LAST SSN

STREET ADDRESS PHONE

CITY STATE ZIP COUNTY

BIRTHDATE PERMIT NUMBER EXP DATE

PREVIOUS DRIVING EXPERIENCE _____YES _____NO IF YES, HOW MANY HOURS?_____

ARE YOU AT LEAST 15 YEARS AND 5 MONTHS OLD? _____YES _____NO

DO YOU HAVE ANY MEDICAL CONDITION, PHYSICAL OR MENTAL DISABILITY, OR DISEASE WHICH COULD AFFECT YOUR ABILITY TO SAFELY OPERATE A MOTOR VEHICLE? _____ YES _____ NO
IF YES, PLEASE EXPLAIN:

PLEASE READ, SIGN AND DATE THE AGREEMENT FORM ON THE OPPOSITE SIDE OF THIS PAGE _____→