

**DRIVER EDUCATION BEHIND-THE-WHEEL (BTW)
REGISTRATION FORM**

Parent/Guardian Statement – I acknowledge that:

1. I hereby make application to have my child registered to take Driver Education Behind-the-Wheel.

Student _____ Date of birth ____/____/____ and accordingly ____ years old
(first) (middle) (last)
Address _____ City _____ State ____ Zip _____
Home phone _____ Alternative phone(s) _____
Parent/Guardian name(s) _____ Parent/Guardian email _____

2. Payment of \$249 included with this registration: cash ____ check # ____ (checks payable to Community Services)
Discover/MasterCard/VISA ____ - ____ - ____ Exp. ____/____ Name as it appears _____

3. I have read and understand the accompanying BTW information sheet.

Parent/Guardian Signature _____ Date _____

Student Statement – I understand that:

1. I must have my MN Instruction Permit before I sign up for Behind-the-Wheel and **a copy of the permit must be attached to this application**. My MN Instruction Permit # is _____.
2. Before I am scheduled for BTW, I must have completed and submitted this form indication times I am available.
3. Payment is included with this registration.
4. After successful completion of Behind-the-Wheel, I understand I will receive a Certificate of Completion, referred to as a white card, which I will need to take the driver's road test. I understand that I will have to pay a \$10 fee if I need a replacement white card.
5. If I do not complete this training, I will have to wait until I am 18 years old before the State of Minnesota will allow me to take the road test for my Driver's License.

Sign up as soon as possible!

There is usually a 3 to 4 month waiting list, which can sometimes longer in spring and summer.

For BTW during the school year, check the periods you are NOT scheduled for class and therefore are available.

1st ____ 2nd ____ 3rd ____ 4th ____ 5th ____ 6th ____ 7th ____

For BTW outside the school day, check times you are available.

Before school (6:30 a.m.) ____ After school ____ Saturday a.m. (starting 6:30 a.m.) ____ Saturday p.m. ____

Please note additional info for scheduling your BTW including conflicts like vacation, work or co-curricular:

Student signature _____ Date _____

FOR OFFICE USE ONLY:

Date of receipt _____ Registration entered by _____ Payment confirmation # _____

BTW completion _____ Instructor's signature _____