

## **Westfield Driving School Registration Form**

Name: \_\_\_\_\_

(Last)

(First)

Address: \_\_\_\_\_

City/Zip code: \_\_\_\_\_

What high school do you go to? \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Permit #: \_\_\_\_\_ (just leave blank if you don't have a permit)

Permit Date: \_\_\_\_\_

What class dates are you signing up for? \_\_\_\_\_

If you would like to make a deposit with this form please fill out the following information....

Deposit Amount      \$ \_\_\_\_\_

How are you making the payment?

Personal Check \_\_\_\_\_ Money Order \_\_\_\_\_

If you would like to pay with a credit card please call our office (413)568-7397.

For office use only:

Received by \_\_\_\_\_

Date Received \_\_\_\_\_