



### Street Smarts Driving School LLC.

119 S. Main St. Viroqua, WI 54665  
(608) 606-2371 Email: [streetsmartsdriving@gmail.com](mailto:streetsmartsdriving@gmail.com)  
[www.streetsmartsdriving.net](http://www.streetsmartsdriving.net)

#### Student Information:

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Student Phone# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Parent Information:

Last Name \_\_\_\_\_ First \_\_\_\_\_  
Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

#### Sessions & Payments:

\_\_\_\_\_ 12 Hours Behind The Wheel (6 driving & 6 observing) \$270.00

#### Please Select Your Method Of Payment:

\_\_\_\_\_ Personal Check is enclosed with registration form payable to: Street Smarts

\_\_\_\_\_ I have made a PayPal payment on your website: [www.streetsmartsdriving.net](http://www.streetsmartsdriving.net)  
If paying through PayPal please mail or email the registration form.

#### Please mail or email this registration form to:

Street Smarts Driving School  
119 S. Main St. OR [streetsmartsdriving@gmail.com](mailto:streetsmartsdriving@gmail.com)  
Viroqua WI 54665

#### Scheduling Behind the Wheel Lessons:

Once your son/daughter completes the classroom portion of Drivers Education, has mailed or emailed this form to us, and obtains their permit please contact us at 608-606-2371 or email [streetsmartsdriving@gmail.com](mailto:streetsmartsdriving@gmail.com) to schedule behind the wheel driving lessons.

#### Agreement:

Students are not responsible for damages to the vehicle. If a student fails to show up for a scheduled driving lesson or cancels within 18 hours of the scheduled lesson the instructor may assess a \$20 charge. There will be a NSF fee of \$35.00 for all returned checks. This constitutes the entire agreement between Street Smarts Driving School LLC and the customer or student and no verbal statement or promises will be recognized.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (Required for students under age 18): \_\_\_\_\_ Date: \_\_\_\_\_

#### Office Use Only-----

Student Contract #: \_\_\_\_\_

School Representative Signature \_\_\_\_\_ Date: \_\_\_\_\_

