



Street Smarts Driving School LLC.

119 S. Main St. Viroqua, WI 54665
(608) 606-2371 Email: streetsmartsdriving@gmail.com
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) \$280.00

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
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
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 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: _____