

FAYETTE COUNTY ATTORNEY

~~FT>'GF WE CVIQP.'PE0~~

PH: (859)226-1814

ENROLLMENT FORM

STUDENT'S LAST NAME _____ FIRST _____ M.I. _____ MALE/FEMALE _____ DOB: _____

ADDRESS _____ CITY _____ ZIP CODE _____

HOME PHONE _____ STUDENT CELL # _____ PARENT CELL # _____

EMERGENCY CONTACT _____ PH #(s) _____

E-MAIL ADDRESS (STUDENT) _____

E-MAIL ADDRESS (PARENT) _____

HIGH SCHOOL YOU ATTEND _____ GRADE: __ FRESHMAN __ SOPHOMORE __ JUNIOR __ SENIOR

DATE OF CLASS YOU WILL ATTEND _____ (MUST CALL TO SCHEDULE)

PLEASE LIST ANY MEDICAL CONDITIONS, MEDICATIONS, OR LEARNING DISABILITIES OF THIS STUDENT:

TUITION: \$400 (20 hours classroom/driving instruction) This fee is nonrefundable if you cancel the reservation and we are unable to fill the vacancy.

Documents required at enrollment:

Enrollment Form

Payment

Copy of permit or license

Copy of driving log (for permits only)

Auto Insurance Declarations Page (Have your insurance agent e-mail to us at driving@fayettecountyattorney.com
- should contain named Insured, policy period, liability & collision coverages and deductible).

CREDIT CARD # _____ VISA _____ MASTERCARD _____ DISCOVER _____

EXPIRATION DATE _____ CVV 3-DIGIT CODE _____

Signature authorizing credit card

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE INFORMATION IN THE POLICIES AND PROCEDURES SECTION ON THE 2nd PAGE OF THIS FORM.

PRINT PARENT'S NAME _____

PARENT'S SIGNATURE _____ DATE _____

STUDENT'S SIGNATURE _____ DATE _____

Scan and e-mail to: driving@fayettecountyattorney.com

Or Print & Mail completed form to:

Fayette County Attorney Driver Education, Inc.

c/o Larry S. Roberts

201 East Main Street , Suite 600, Lexington, KY 40507

Please sign all three Signature Areas after printing