

**AB DRIVERS TRAINING LLC
312 NORTH GREEN STREET
CRAWFORDSVILLE, IN. 47933
765-918-5711**

APPLICATION

Student's Full Name: (Legal) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ Current Age _____ High school _____

Month of Session signing up for: _____ On-line _____ In class _____

Home Phone: ____/____/____ Student Cell Phone ____/____/____

Parent's Names: (Father) _____ Work Phone ____/____/____

Cell Phone ____/____/____

(Mother) _____ Work Phone ____/____/____

Cell Phone ____/____/____

Alternative Contact (In case of emergency) _____

Relationship _____ Phone # _____

\$250.00 Deposit. Classroom _____. On-line _____. (Final \$150.00 due by the end of month).

\$400.00 Full Payment Enclosed _____

If for any reason, your child is unable to attend this session, I require notification within 14 days prior to class. Failure of notification, you forfeit the \$250.00 deposit. In the event your child has started the course, but is unable to complete the course, the full tuition fee is forfeited. I am also required to notify the State of Indiana of any students who does not successfully complete the driver education course or who withdraws from the course. At that time, the driver education permit will be invalidated.

Signature: _____ Date: ____/____/____

Parent or Guardian if student is a minor

"An owner, officer, instructor, agent, or employee of any commercial driving school shall not state nor give the impression to a student that upon completion of the course, they will guarantee the securing of a driver's license to operate a motor vehicle".

For Office Use Only

Amount Paid \$ _____ Check # _____ Cash _____ Date Received ____/____/____

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CDE Issued: _____