

Registration Form

Date:

BILLERICA DRIVING SCHOOL

99 Chelmsford Road, Suite #3A
North Billerica, MA 01862

Class Start Date Requesting: _____

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Student Cell: _____

Email Address: _____

Date of Birth: _____ Age: _____ Years _____ Months

Permit # _____ Date Issued: _____

Do you wear corrective lenses for Driving?: _____ Male _____ Female _____

High School: _____ Town: _____

Do you have any physical condition that would require special Driving Equipment in the car? _____

Do you have any special learning needs? _____ Do you take medication regularly? _____

Have you ever been convicted of a crime or had the privilege of driving suspended, revoked or otherwise limited by the RMV? _____

How Did you Hear About Us? _____ Promo Code: _____

Please explain any Yes answers here:

Applicant Signature: _____ Date: _____

Please send in with an initial deposit of at least \$250.00 to hold seat in class.