Student Name:	First	Middle		Last	•
Address:				_	
	ALL				
Student Phone:					
Student email:		To the second			
	h:				
Student attending so	chool? Yes No (circle o	one) School name:			
Instruction Permit A	pplication (waiver) #			(if you pre-applied online) dol.wa.go
Parent Name:	· Carrier - Tantas				
Parent Phone:		And the second			
Parent email:		-			-
Class start date:					
Type of payment: C	ash Check Card				
Credit Card #				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Expiration Date:		CCV Code:	Amount:		
Company Policies Fo day of class to finaliz	rm will need to be signe e registration. Paymen	ed and dated in person t must be made on or b	by both parent efore the first o	and student on or before day of class to finalize regi	the first stration.
Parent/Guardian Sig	nature	Da	te		
Student Signature		Da	te		