ENHANCED DRIVING INSTITUTE REGISTRATION FORM

Thank you for choosing the Enhanced Driving Institute for your driver's ed program. You have made the first choice in providing your Teen with best education available. Please fill out the following registration form. When your information is submitted online, you will receive an email with your username and password to log onto your account and view your class schedule. Please fill out this form clearly and mail it to:

3334 19th St NW – Suite 202 -Rochester MN 55901

Please circle the location you are registering for

ROCHESTER	PEM	DOVER/EYOTA		BYRON
	Class Month:		_ (and color if applicable)	
STUDENT INFORMATION			PARENT INFORMAT	ION
Use Legal Full Name			PARENT NAME:	
FIRST	MIDDLE	LAST	PARENT ADDRESS (I	F DIFFERENT):
DATE OF BIRTH:	AGE	:		
HOME ADDRESS:			Citv	State Zip
CITY:	STATE: ZIP C	ODE:	PHONE :	·
PHONE NUMBER: Gender: M / F			EMAIL:	
EMAIL ADDRESS:				:
High School: Re	eferred by:	(If applicable)	Zimergeney contact	·
Please Circle th	e Payment	CARD TYPE: NAME ON CAR		O - VISA - DISCOVER
FULL - \$100 Deposit - Classroom Only If paying by check		Credit Card #: Exp Month/Year CCV#	(3 dig	(XX/XX)
		Payment amount	FULL - Dow	n payment - Class only
How did you hear about EDI? (Brochure in Mail, drive by, TV, Saw Training Vehicle, Friend, Newspaper, Other)				
Remaining Balance Terms EDI has made every attempt to things less complicated as late deposit of \$100 is all that is ne class regardless if makeup day	payment may result in you eded to begin the driver's e	ir teen missing a class ducation process. The	and having to make it up remaining balance <u>mus</u>	at a later date. However the st be paid by the last day of
STUDENT SIGNATURE:			DAT	E:
PARENT SIGNATURE:			DAT	E: