

BAYSIDE DRIVING SCHOOL

410-822-4411



The bottom half of this form **MUST** be filled out and can be mailed, emailed or brought in person to the Easton address listed along with a \$100 deposit. Total cost is 375.00. Please note: **Class sizes are limited and we fill spaces on a first come first serve basis.** All balances are due by the 5th day of class. A returned check charge is \$25. Prices and dates are subject to change.

A **COPY** of the student's Learner's Permit must be sent in with this registration. If no permit has been issued we **MUST** have a copy of a birth certificate or ID. Students must have their Learner's Permit to complete the behind-the-wheel instruction. The 6 hours of driving is typically scheduled once the classroom portion is finished. WE RECOMMEND CHOOSING A CLASS THAT WILL ALLOW ENOUGH TIME TO SCHEDULE THE DRIVING PORTION BEFORE YOU ARE ELIGIBLE TO GET YOUR LICENSE.

STUDENTS MUST ATTEND DAY 1, other days missed must be made up. It is **MANDATORY** for a parent/mentor (21 or older) who is able to sign off on "Rookie hours" to attend the first hour and a half of the first class **regardless of the students age**. We will go over the curriculum requirements for a Maryland Driver's License, the rules & regulations for our course, along with new laws and driving schedule information. Thank you for choosing Bayside Driving School.

Cut & Return with deposit

**** Mailing Address****

Bayside Driving School
8673 Commerce Dr. #11
Easton MD 21601
email:
bayside@goeaston.net

ENTER THE START DATE & TIME

OF THE CLASS YOU WISH TO ENROLL: _____ a.m p.m

Please fill in FULL name as printed on Birth Certificate or Marriage License.

First Middle Last

P.O.Box Street Address

Town State Zip County

Home Phone # Cell # Date of Birth

Payments: Cash, Check, Money Order OR

Credit Card Option: Name on Card _____

Exp.Date _____ CV (3 digit # on back) _____ Zip _____

Visa, MasterCard, Discover, AMEX Card #: _____ Amount \$ _____

If you would like confirmation that we have received your registration and deposit, please leave your email address: _____

ONE OF THE FOLLOWING MUST BE INCLUDED WITH THIS REGISTRATION COPY OF PERMIT _____

COPY OF BIRTH CER _____

COPY OF STATE ID _____

Parent/Mentor attending the 1st day(name) _____