

# 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 \$20. 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.

### \*\* Mailing Address\*\*

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

**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. We look forward to meeting you. Thank you for choosing Bayside Driving School.

Cut & Return with deposit

### 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 \_\_\_\_\_ CVV (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) \_\_\_\_\_