



*CIESC Driver Education
Registration Form
For Traditional Class only*

Student Name: _____
(as it appears on birth certificate)

Date of Birth: ___/___/___ Age: _____ Male / Female

Address: _____

City/State/Zip: _____

Parent/Guardian Name: _____

Home or Cell Phone: _____ Mother or Father

Work or Cell Phone: _____ Mother or Father

Student Email: _____
(at least one email is required)

Parent Email: _____

Parent/Guardian Signature: _____

School Attending: _____

Site registering for (if different from attending): _____

Session Choice and Date *(ex. Fall Sept. 16)* _____

Things we should know: _____

Method of Payment - \$355 *(member price)*

Check Money Order Visa MasterCard

Card Number: ___ ___ ___ / ___ ___ ___ / ___ ___ ___ / ___ ___ ___

Exp. Date: ___/___/___ CVV (3 digit) ___ ___ ___ (located on back of card)

Cardholder Signature: _____

Mail Registration form to: CIESC
Attn: Driver Education
6036 Lakeside Blvd Bldg. A
Indianapolis, IN 46278

Or fax to: (317) 663-2082

**Payment is due at time of registration.
Registration deadline is 1 weeks prior to first class.**