

DRIVE RIGHT



DRIVING SCHOOL

224 SUNCOAST DRIVE EAST, UNIT #4, GODERICH, ONT. N7A 4K4

School # _____

Date of Payment	Amount	
	Cheque	Cash
_____	_____	_____
_____	_____	_____
_____	_____	_____

M.T.O. APPROVED COURSE PROVIDER

REGISTRATION AND CONSENT FORM

I CERTIFY THAT THE FOLLOWING INFORMATION IS ACCURATE AND CONSENT TO THE RELEASE OF THIS INFORMATION TO THE MINISTRY OF TRANSPORTATION, THE INSURANCE BUREAU OF CANADA AND TO THE APPROVED COURSE INSPECTOR.

The driving program is the sole responsibility of the Driving School.
The Board of Education has no responsibilities relating to the driving program.

Name and Address must appear the same as they do on the drivers licence

Name: _____
(Last Name) (Given Names)

Address: _____
(No. or 911#) (Street or Road) (Apt. No.)

_____ (City or Town) (RR#) (Postal Code)

Residence Phone: (519) _____ D.O.B. _____
(YY - MM - DD)

G1 Learner's Permit No: _____ ISSUE DATE: _____
(If Available) (YY - MM - DD)

Signature: _____ EXPIRY DATE: _____
(YY - MM - DD)

COURSE REQUIREMENTS

A minimum of 70% passing grade must be attained in both in-class & in vehicle to receive M.T.O. Certification

Parent/Guardian Consent: (Required if student is under 18 years of age)

I hereby give consent to _____ to receive driver education instruction
Student Name

Parent/Guardian Name Parent/Guardian Signature Date: (yy / mm / dd)

COURSE FEE - \$645.13 + H.S.T. \$83.87 = \$729.00

Please bring Registration Form and payment to first class.

Payment options:

1. Full Amount on starting date, cash or cheque
2. Two cheques of \$364.50 1st for starting date, 2nd postdated cheque two weeks later
3. Three cheques of \$243.00 1st for starting date, 2nd & 3rd dated 2 weeks apart

Payable to **Drive Right School.**

FOR INQUIRIES PLEASE VISIT OUR WEBSITE:

www.driverightschool.ca

OR CALL: Garth Sheldon - 519-524-4008