

DRIVE RIGHT



DRIVING SCHOOL

91 Victoria St N, Goderich, ON, N7A 2R9

School Location _____

Date of payment	Amount	
	Cheque	Cash
_____	_____	_____
_____	_____	_____
_____	_____	_____

MTO - Approved BDE Course Provider

REGISTRATION AND CONSENT FORM

I certify that the statements in this document are accurate and consent to the release of any information contained herein to the Ministry of Transportation, Insurance Bureau of Canada and the MTO 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 license.

Name: _____
(Last Name) (First Names)

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

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

Residence Phone: (519) _____ D.O.B.: _____

Email Address: _____ (YY-MM-DD)

G1 Learner's Permit No: _____ Issue Date: _____
(if available) (YY-MM-DD)

Signature _____ Expiry Date: _____
(YY-MM-DD)

COURSE REQUIREMENTS TO RECEIVE M.T.O. CERTIFICATION

***A minimum of 70% passing grade must be attained in both in-class & in vehicle**

***Course must be completed within one year of start date**

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 - \$662.83 + H.S.T. \$86.17 = \$749.00

Please bring Registration form and payment to first class.

Payment options:

1. Full amount on starting date, cash or cheque
2. Two cheques of \$374.50 1st for starting date, 2nd postdated cheque two weeks later.
3. Three cheques of \$249.67 1st for starting date, 2nd & 3rd dated 2 weeks apart.

***Students must complete all classroom lessons in the ministry-approved lesson sequence in the curriculum.**