

Franklin Driving School

Franklin Driving School
9 Summer St. Suite 301, Franklin, MA 02038
TEL# 508-533-2194

Registration Form

Start Date: _____

Name: _____

Address: _____

Telephone Number: _____

School: _____

Learner's Permit Number or SSN: _____

Date of Birth: _____

Date Paid: _____ **Check Number:** _____ **Amount Paid:** _____

Cancellation Policy: 24 hour notice is required to cancel driving appointments. Student will be charged the hourly rate for no-show and non-canceled appointments. If student would like to cancel a paid registration, it must be done 1 week before class starts. Failure to do so will result in an administrative fee of \$100 billed to student. By signing this form you agree to abide by the school's policy and these terms and conditions.

Parent Signature: _____