Registration for Enrollment
in the
Comprehensive Driver's Education Course

Mountain States Driver's Education

(includes 32 hours of class time, 6 hours of driving time, and a permit test)

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip:_____

Date of Birth (*mm/dd/yyyy*): _____

Home Phone Number: (_____) _____

Cell Phone Number: (_____) _____

Email Address: _____

I am in: ☐ Junior High School ☐ High School ☐ College/University ☐ No longer in school

Name of school (if applicable): _____

Class Start Date (*mm/dd/yyyy*): _____

I prefer to learn with a: ☐ Standard Transmission ☐ Automatic Transmission

Location where you would like to attend class: _____

Parent/Guardian Name: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: (_____) _____

How did you hear about our school?

☐ Internet ☐ Newspaper Flyer ☐ Previously used our School

☐ Parent Pages ☐ School (Which one? _____)

☐ Phone Book (which one?) _____

☐ Personal referral (who, so we can thank them) _____

☐ Other (please specify) _____

Please remit registration form with $395.00 tuition fee to:

Mountain States Driver's Education, Inc.
1721 W. Harmony Rd., Suite 106
Fort Collins, CO 80526

Questions? Call Anthony Smith at (970) 391-7023 or (303) 884-6504 (leave message if no answer).

Approved and regulated by the Colorado Department of Revenue, Motor Vehicle Business Group, Driver License Section.