

TUTORING REGISTRATION ENROLLMENT FORM

Mountain States Driver's Education Inc.

Name: _____
Last First Middle

Address _____

City _____ State _____ Zip _____

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

Home Phone Number: (_____) _____ Cell Phone Number: (_____) _____

Student Cell Phone (_____) _____

Email Address: _____

I am in:

Junior High School High School College/University No Longer in School

I prefer to learn with a:

Standard Transmission

Automatic Transmission

Parent/Guardian Name: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: (_____) _____

Name of School _____	Hours of tutoring: 2 hours minimum (100\$) Check 2 hours : _____ 4 hours : _____ 6 hours : _____ ADDL : _____
How did you hear about our school? <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper Flyer <input type="checkbox"/> Previously used our school <input type="checkbox"/> Parent Pages <input type="checkbox"/> Phone book – which one _____ <input type="checkbox"/> Personal referral _____ <input type="checkbox"/> Other – specify _____	

Instructor _____

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

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