**********For Office Use Only**********

ID NUMBER	STUDENT TYPE	AMOUNT PAID	DATE RECD	PRG COST

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EXCEL DRIVING CENTER, INC.

1846 Industrial Drive
Green Bay, WI 54302
(920) 469-1400 or (800) 307-5505
www.exceldrivingcenter.com

CLASSROOM REGISTRATION FORM
(PLEASE PRINT CLEARLY)

CLASS NUMBER _____ AND CLASSROOM DATE _____ (see website for class numbers and dates)

LEGAL NAME:_____
(FIRST) (MIDDLE) (LAST)

ADDRESS _____

CITY, VILLAGE, TOWN _____ ZIP CODE_____
(EX. BELLEVUE, DE PERE, CITY OF GREEN BAY, ALLOUEZ, ASHWAUBENON, HOWARD)

PHONE NUMBER _____ STUDENT'S CELL NUMBER _____

DATE OF BIRTH _____

SCHOOL _____ PLACE OF WORK_____

PARENTS FIRST AND LAST NAMES _____

_____

IS THERE ANYTHING SPECIAL WE NEED TO KNOW TO HELP THE STUDENT DURING THEIR TRAINING WITH EXCEL? (EX. LEARNING DIFFICULTIES, DISABILITIES, PROBLEMS)

_____
_____
_____
_____
_____

IF THE STUDENT LIVES WITHIN THE GREEN BAY METRO AREA, PLEASE WRITE DIRECTIONS TO YOUR HOME FROM EXCEL OR SCHOOL SO THAT WE CAN FIND YOUR HOME DURING YOUR ROAD LESSONS. IF THE STUDENT LIVES OUTSIDE THE GREEN BAY METRO AREA, PLEASE CONTACT THE EXCEL OFFICE FOR A PICKUP POINT.

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