



*Give Your Student Some Good Driving Direction!*  
*1-800-647-4651*

I understand that the AAA Driving School will contact me by phone to confirm registration and secure a \$100 deposit. The remainder of the tuition balance will be due the first day of class. All information provided is confidential. AAA Driving School will not share information with any other person or company without permission from parent/guardian.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(First) (Middle Initial) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone 1: \_\_\_\_\_ Cell Phone 2: \_\_\_\_\_

Parents email: \_\_\_\_\_ Students email: \_\_\_\_\_

High School: \_\_\_\_\_ Grade: \_\_\_\_\_ Student Age: \_\_\_\_\_

Course Start Date: \_\_\_\_\_ Time of Course: \_\_\_\_\_

Print Parent or Legal Guardian Name: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Does student have any mental, physical, or medical conditions that the instructor should know about?  
**Yes** \_\_\_\_ **No** \_\_\_\_

If yes, Please describe below

\_\_\_\_\_  
\_\_\_\_\_

PAYMENT DUE: \_\_\_\_\_ (\$625.00 AAA Members, \$650.00 Non AAA Members)

CASH: \_\_\_\_\_ CHECK#: \_\_\_\_\_

Credit Card: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Credit Card Signature: \_\_\_\_\_

AAA Membership Number: \_\_\_\_\_

**Mail registration form to: AAA Northern New England  
Driving School  
68 Marginal Way  
PO Box 3544  
Portland, Maine 04104-3544**