



# NMJC

WORKFORCE DEVELOPMENT

# Driver's Education Registration Form

## SUMMER COURSE

June 2024     July 2024

## DATE OF REGISTRATION

/   /

## STUDENT INFORMATION

Full Name :

Date of Birth :   /   /      Gender :     Male     Female

Address :

City :     State :      Zip Code :

Email :     Phone :

## GUARDIAN INFORMATION

Full Name :

Email :     Phone :

## PAYMENT METHODS

Payment Method:     Cash     Check     Credit Card

Type of Card:     Visa     Mastercard     Discover     American Express

Name on Card:

Card Number:

Expiration Date:     CVV:

I hereby acknowledge that the information provided is true and accurate.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Guardian Signature

### \*OFFICIAL USE ONLY\*

Valid ID (School ID)

Signed Code of Conduct

Copy of Social Security Card

Signed Regulations & Refund Policies

Copy of Birth Certificate

Entered in Lumens

\_\_\_\_\_  
WFD Representative

\_\_\_\_\_  
Date