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1-888-394-2374

1-401-294-1600

1-401-398-7932 fax

www.advanceddrivingri.com

info@advanceddrivingri.com

Student Registration

Personal Info

Student Name

_____ , _____ , _____
Last First MI

Student DOB ____ / ____ / ____
MM DD YYYY

Student phone number

(____) _____ (____) _____
Home Cell

Permit Number: _____

Issue date: _____ Exp. Date: _____

Email Address: _____ @ _____

Address

_____ Street _____ City _____ ZIP

School: _____ Grade: _____

Work: YES / NO If yes, where: _____

Hobbies/Interest: _____

ADVANCED Driver Training

Student Registration (con't.)

Driving Experience

Did you take driver's education? YES / NO

If yes, where: _____

Describe the car you drive or will be driving:

_____ _____ _____
Year Make Model

How often do you drive:

Daily Weekly Monthly

Approx. how many hours per week do you drive? _____

Driving Test Date: ____/____/_____
 DD MM YYYY

Location:

Pawtucket Middletown

Parent/Guardian Info

Parent/Guardian Name: _____

Relationship to student: _____

Parent/Guardian phone number

() _____ () _____ () _____
Home Work Cell