

Virginia Driving School, Inc.

WWW.VADRIVINGSCHOOL.COM

Corporate Office

8807 Sudley Road Suite 214, Manassas, VA 20110 703-367-0911

Springfield Office

7011 Calamo St. Suite 209, Springfield, VA 22150 703-367-0970

Drivers' Improvement Clinic Agreement:

ONLINE

INCLASS

Please Print all the required information: DATE of Scheduled Class: __/__/____

TIME IN: _____ TIME OUT: _____ (REQUIRED FOR ONLINE EXAM ONLY)

This agreement is entered into this _____ day of _____, 20____ between Virginia Driving School, Inc. and

Full Name: _____
Last First Middle

Birth Date: __/__/____ Male___ Female___ Student Email: _____

Drivers License Number: ____-____-____ Issue Date: __/__/____ Exp. Date: __/__/____

Address: _____ City/State/Zip: _____

Home Phone Number: (____)____-____ Cell Phone: (____)____-____

Emergency Contact Person: _____ Phone Number: (____)____-____

Are you taking any medications: Yes____ No____(if yes, please describe)_____

List any other medical conditions or learning disabilities: (Optional) _____

Reason for taking this course: please check one of the following boxes.

DMV

DMV Directed-----Letter sent by DMV

INS

Insurance Volunteer----- For insurance reduction

VOL

Volunteer----- Voluntarily for points

COU

Court Directed----- For ticket dismissal or other court reason

This information on this form is accurate and up to date to the best of my knowledge.

DMV issued ID is Required. No ID. No Certificate of completion. No Exceptions.

Se requiere ID del DMV.No ID. No Certificado de Completacion. No Excepciones

Student's Signature: _____ Date: __/__/____

For Office Use Only

Date: __/__/____ Amount Paid _____

Cash _____ Money Order# _____

VA Driving School Rep Signature