

Virginia Driving School, Inc.

703-367-0911, 540-341-8881

www.vadrivingschool.com

Corporate Office
Culpeper Office
Springfield Office

8807 Sudley Road Suite 214, Manassas, VA 20110
9550 James Madison Hwy Suite C, Warrenton, VA 20186
7011 Calamo St. Suite 209, Springfield, VA 22150

Drivers' Improvement Clinic Agreement:

ONLINE

INCLASS

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

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: (you must circle one)

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.

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

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

<i>For Office Use Only</i>	
Date: __/__/____	Amount Paid _____
Cash _____	Money Order# _____
_____ <i>VA Driving School Rep Signature</i>	