

<i>Please Print with Dark Ink</i>	DRIVER EDUCATION REGISTRATION BY MAIL or FAX	<i>No refunds once submitted</i>
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STUDENT INFORMATION		
Student Name	Date of Birth / /	
Mailing Address	Apt. Number	
City	State	Zip Code
Day Phone ()	Evening Phone ()	
Student School	Grade Level	
Email Address <i>(REQUIRED for Online Course)</i>	List All Disabilities	

COURSE SELECTION	COST & DISCOUNT CALCULATION		
<i>Choose One:</i>	Cost of Course	\$110.00	<----Box A
<input type="checkbox"/> ONLINE (All work to be completed online.)	Discount Code: <u>CA-Teen-DE</u> (enter 0 if no code is available)	- \$ 11.00	<----Box B
<input type="checkbox"/> BOOKLET (Materials will be mailed to student via Priority Mail.)	Total Payment Due	\$ 99.00	<----Box C

PARENT/GUARDIAN AGREEMENT		
The parent/guardian signing this application certifies, under penalty of perjury that:		
1. he/she has custody of applicant named on this form and consents to the enrollment and participation of applicant in Driver Education,		
2. he/she will proctor and monitor exams to the applicant. The applicant will take these exams personally and without assistance of any type (books, notes person, etc.),		
3. he/she agrees to all terms, rules and procedures that he/she has read on the Driver Education Home Study Information Page at www.PENschool.com/deinfo.pdf ,		
4. once submitted, course tuition is non-refundable,		
5. all statements made on this form are true and correct.		
Parent/Guardian SIGNATURE	Relation to Student	Date / /
PRINT Parent/Guardian Name	CA Driver License	Exp. Date / /

CREDIT CARD PAYMENT TRANSACTION INFORMATION		
PRINT Name on Credit Card	TYPE of Card (circle one): AMEX DISC MC VISA	
Card Number	Expiration Date / /	
Billing Address	Apt. Number	
City	State	Zip Code
My signature authorizes Private Educational Network (a.k.a. PEN) to deduct the non-refundable amount in Box C above from my credit card for payment of tuition for Driver Education. I acknowledge that certification is contingent on the student's successful completion of Driver Education.		
Card Holder SIGNATURE	Date / /	

OFFICE USE ONLY			
Student Number OR Username	Processed Date	Processed By	Transaction ID
329272	CA-TEEN-DRIVER.COM	(818) 786-4915	

<p>MAIL OR FAX YOUR COMPLETED FORM AND PAYMENT TO: Private Educational Network 350 W. Julian Street, Bldg. 5 ♦ San Jose, CA 95110 PHONE: (408) 280-1122 ♦ FAX: (408) 549-9912</p>
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