



1288 WEST 2240 SOUTH, SUITE A. WEST VALLEY CITY UTAH 84119 USA
 OFFICE: (801) 403 2362 EMAIL: OFFICE@SLIDESUTAH.COM

STUDENT REGISTRATION & CONTRACT FORM

(REG #20 _____)

Student Information

Full Name: _____ **DOB:** _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ **Email:** _____

Student Permit No: _____ **Expiration Date:** _____

Parent/Guardian Contact Information

Full Name: _____

Phone: _____ **Other:** _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Additional Information
 (Optional Information to help our school customize your training experience)

Education

Language:

Program Selection
 (Please select an option below)

Program Name	Yes	No
REFUGEE DRIVERS ED COURSE (3-day Classroom & up to 12 hours of skills training)		
COMPLETE DRIVERS ED (9-day in class or 30-hour online Course & 6Hrs of Driving)		
STATE MINIMUM DRIVES ONLY (6Hrs Driving Only)		
PRIVATE DRIVES- ONE-ON-ONE TRAINING (2Hrs minimum)		
WRITTEN TEST PREPARATION COURSE (2Hrs in person classroom session)		
PRACTICAL SKILLS ASSESSMENT/STATE ROAD TEST (15-30 minutes skills assessment)		



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Student Name: _____ **Permit No:** _____

Acknowledgement: *I certify that the information I have provided in my registration form is true and accurate and is of my current personal identifying and contact information as known by the Utah Driver License Division. By signing below, I further certify that I have been provided a copy of the Salt Lake International Driving School program rules and regulations. I (the student) and if applicable (my parent (s)) who signed below read, understand, and agree to the terms and conditions provided in this registration contract. I further agree to hold the school harmless of any injuries or loss sustained by me as a result of my willful negligence; and from failure to follow any verbal and or written instruction of all school employees including instructors and administrative staff.*

Signatures

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

School Staff Signature: _____ **Date:** _____

PAYMENT INFORMATION/RECEIPT.

Total Cost \$ _____ (PROGRAM CODE: CDRED BTWO PRVDR SRT)

Payment type: CARD Visa/MasterCard/Amex/Disc CASH CASHIER CHECK

(XXXX-XXXX-XXX-----) **Check No:** _____

Payment Confirmation No: _____.