

Mail this form with a \$50.00 deposit to:

Sears Driving School
8511 W. Lincoln Avenue
West Allis, WI 53227

Sears Driving School's Registration Form

(Student's Legal Name)

(Student's Date of Birth)

(Address, City, State, Zip)

(Phone)

(Parents Signature)

Circle One: Deposit Only / Entire Course

Deposit Enclosed - Circle one: Check / Money Order / Charge

Please Circle if Applicable: Master / Visa / Sears

Card Number: _____ Expires: _____

Card Holder's Name: _____

Class Number: _____ Start Date: _____

Behind-The-Wheel Only: ___ Promotion Code: _____