

Excel Driving School

41-511 Inoa St.
Waimanalo, HI 96795
Office: 808-203-7940 call / text
exceldrivingschoolhi@gmail.com
exceldrivingschoolhi.com

Student Name: _____ Birthdate: _____

Address: _____ Phone Number: _____

High School: _____ Permit: Yes / No Email: _____

For Class Confirmation

Father / Guardian: _____ Mother / Guardian: _____
Name and Phone (if applicable) Name and Phone (if applicable)

BEHIND THE WHEEL ONLY + fees: \$315

Certificate will be issued after completion of 6 hours BTW and submission of notarized driving log.

Policy and Fees:

Mail completed application to the above address along with full payment in cash or check. Please make check payable to Excel Driving School. There will be a \$50 fee for returned checks. Confirmation will be by mail or phone, or include email for email confirmations.

Withdrawal and Refunds: Full refund will be given if notified more than 5 days before the first drive, less \$50 handling fee.

A permit is required. The driving instructor must be given a 24 hour cancellation notice or a \$50 cancellation fee will apply.

I agree to the above policy and fees. I authorize _____ to enroll with Excel Driving School.

Father/Guardian Signature: _____ Date: _____

OR

Mother/Guardian Signature: _____ Date: _____

For office use: Date received _____ Amount: _____ Check # _____ Confirmation Sent _____