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

Father / Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother / Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name and Phone (if applicable) Name and Phone (if applicable)*

\_\_\_\_ **BEHIND THE WHEEL ONLY + fees: $420**

*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.

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

