

TUTORING REGISTRATION ENROLLMENT FORM

Mountain States Driver's Education Inc.

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth (*mm/dd/yyyy*): _____

Home Phone Number: (_____) _____ Cell Phone Number: (_____) _____

Email Address: _____

I am in:

Junior High School High School College/University No Longer in School

I prefer to learn with a: Standard Transmission
 Automatic Transmission

Hours of tutoring: 2 hours minimum (100\$)

Check

2 hours : _____

4 hours : _____

6 hours : _____

ADDL : _____

Parent/Guardian Name: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: (_____) _____

How did you hear about our school?

- Internet
- Newspaper Flyer
- Previously used our school
- Parent Pages
- Phone book – which one _____
- Personal referral _____
- Other – specify _____

Instructor _____

Approved and regulated by the Colorado Department of Revenue, Motor Vehicle Business Group, Driver License Section.

Questions? Call Anthony Smith at (970)391-7023 or (303)884-6504 (leave message if no answer).

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