

**MEDICAL LAKE TRAFFIC SAFETY EDUCATION PROGRAM
PROGRAM REQUIREMENTS**

PROGRAM NOW INCLUDES DOL WRITTEN AND DRIVE TEST

1. The cost of the program is **\$430.00 for basic program. \$460.00 with skid monster (go to www.bbdrivingschool.net)**. May be paid by cash, check or credit card. This may be made in payments consisting of \$250 at time of enrollment and balance before the last week of class. \$10 a month late fee will be charged for unpaid balances. Payment is made to B&B Driving School and **not** the high school. Payment received date will determine registration for classes that fill. **No refunds.**
2. Class will be held at Medical Lake High School. Students may not enroll after the 3rd day of class. Students may not miss more than three scheduled classes or will be dropped from class. No refund will be given. Program must run at least 5 weeks and not exceed 5 weeks after the last day of class. Students must receive at least 1 hour of weekly instruction until completion. DOL {WASC308-108-150(4)}. **Class schedules are listed on the back of this form.**
3. Student must complete all learning activities as assigned by the instructor in classroom prior to the class ending to receive a passing grade. Student will need a drivers guide in order to complete assignments. Donate for Life presentation will be presented on the first day of class.
4. Student must be 15 years old by the first day of class and obtain a driving instruction permit prior to the second week of class. A permit may be given as early as 10 days prior to class starting if your student is 15 years old, registered and has a DOL ID#. Students must successfully complete behind the wheel driving activities. These drives are prearranged and scheduled in the classroom in addition to class time.

MEDICAL LAKE

NAME _____

first

middle

last

ADDRESS _____

mailing address

PO Box

city

zip

DOL Confirmation ID # _____ **dol.wa.gov (pre-apply online)**

BIRTHDATE _____ PHONE _____ SEX M or F
month / day / year

Please state class registering for - _____ High School _____

Student signature _____

Parent/Guardian signature _____

***Please return registration form and payment to B&B Driving School.**

Basic Program _____

With Skid Monster _____

B&B Driving School
21 E. Hastings Rd.
Spokane, WA. 99218
509 466-2343

Date of Payment _____ Cash \$ _____

Check \$ _____ # _____

Credit Card Type _____ # _____

Exp. Date _____ Security Code _____ Amount \$ _____

