



Learner Driving School

P.O. Box 3595 Lower Andy Roberts Street St. Johns Antigua
Tel: 268-773-6145

ENROLMENT FORM

Mr. Mrs. Miss. Ms

First Name:.....Middle Name.....Last Name:.....

Date Of Birth:...../...../..... Sex:

Address:.....

.....

Permit No:..... Issued Date:...../...../... Expiry Date...../...../.....

Telephone Home:...268-..... Telephone Work:.....

Cell Phone:...268-..... E-mail:.....

Employer Name:.....

Employer Address:.....

Employer Telephone:...268-.....

Do you have access to a motor vehicle? Yes No

Have you driven a motor vehicle before? Yes No

Type of motor vehicle prefer Manuel Automatic

Payment terms \$50 EC per class

Payment terms \$ FOR 5 Classes % off

Payment terms \$ FOR 10 Classes % off

Payment terms \$ FOR 15 Classes % off

Payment terms \$ FOR 15 Classes % off

Payment terms school package: pay for 5 classes and get one free.....\$250.00

Signature of Applicant..... Approved By:.....

Date:..... Date:.....