

**DRIVER EDUCATION
REGISTRATION BY MAIL or FAX**

Please Print with Dark Ink *No refunds once submitted*

STUDENT INFORMATION		
Student Name	Date of Birth / /	
Mailing Address	Apt. Number	
City	State	Zip Code
Day Phone ()	Evening Phone ()	
Student School	Grade Level	
Email Address (REQUIRED for Online Course)	List All Disabilities	

COURSE SELECTION	COST & DISCOUNT CALCULATION		
Choose One: <input type="checkbox"/> ONLINE \$39 (All work to be completed online.) <input type="checkbox"/> BOOKLET \$85 (Materials will be mailed to student via Priority Mail.)	Cost of Course		<----Box A
	Discount Code: _____ (enter 0 if no code is available)	-\$	<----Box B
	Total Payment Due	\$	<----Box C

PARENT/GUARDIAN AGREEMENT (IF APPLICABLE)		
The parent/guardian signing this application certifies, under penalty of perjury that: <ol style="list-style-type: none"> 1. he/she has custody of applicant named on this form and consents to the enrollment and participation of applicant in Driver Education, 2. he/she will proctor and monitor exams to the applicant. The applicant will take these exams personally and without assistance of any type (books, notes person, etc.), 3. he/she agrees to all terms, rules and procedures that he/she has read on the Driver Education Home Study Information Page at www.PENschool.com/deinfo.pdf, 4. once submitted, course tuition is non-refundable, 5. all statements made on this form are true and correct. 		
Parent/Guardian SIGNATURE	Relation to Student	Date / /
PRINT Parent/Guardian Name	CA Driver License	Exp. Date / /

CREDIT CARD PAYMENT TRANSACTION INFORMATION			
PRINT Name on Credit Card		TYPE of Card (circle one): AMEX DISC MC VISA	
Card Number		Expiration Date /	
Billing Address		Apt. Number	
City	State	Zip Code	(Area Code) + Phone Number
My signature authorizes Private Educational Network (a.k.a. PEN) to deduct the non-refundable amount in Box C above from my credit card for payment of tuition for Driver Education. I acknowledge that certification is contingent on the student's successful completion of Driver Education.			
Card Holder SIGNATURE			Date / /

OFFICE USE ONLY			
Student Number OR Username	Processed Date	Processed By	Transaction ID

325076 www.TeenDrivingOnline.com (800) 252-9418

SUBMIT YOUR COMPLETED FORM AND PAYMENT TO:
PEN
P.O. Box 731081, San Jose, CA 95173-1081
PHONE: (408) 280-1122 ♦ FAX: (408) 549-9912