

# Shield Driving School Registration Form

Student Name \_\_\_\_\_ Street address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Does the student have an IEP Yes or No? School District \_\_\_\_\_  
Driver License / Learner's Permit # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Parent/Guardian Email \_\_\_\_\_ Phone # \_\_\_\_\_

**(Evaluation/Certificate will be sent via email)**

**Guidelines**

1. Shield Driving offers lessons Monday-Saturday with the exception of major holidays. Shield Driving is closed on Sunday to respect the Sabbath.
2. Please contact Shield Driving School with any questions or concerns regarding you scheduled appointments at : 717-329-5215.
3. **Cancellation Policy:** If you cancel within **24** hours of your scheduled appointment time, there will be a **non-refundable charge of \$25**. If you cancel within **2** hours or are a no-show there will be a **non-refundable charge of \$50**. Lessons will not be completed or scheduled until the additional fee has been paid. If you call after normal business hour to cancel an appointment, please leave a message and we will contact you. Missed lesson fees may be mailed to the address below.
4. **PAYMENT:** The payment must be received at least **ONE WEEK PRIOR** to the first appointment. Please send payment in the form of check or money order to the following address:  
(Please call the office to make a credit card payment; additional fees may apply)

**Shield Driving School  
4902 Cumberland Street  
Harrisburg, PA 17111**

**5. SHIELD DRIVING SCHOOL AUTHORIZATION FOR PHOTOGRAPHY OR TAPING**

I hereby authorize Shield Driving School to take still photographs, videotapes, and/or sound recordings of me/my child. I authorize Shield Driving School to use in any manner said photographs, film, video or tape recordings, in whole or in part. I agree that the Shield Driving School, its Trustees, members, officers, employees, faculty and agents will not be responsible for any claims arising in any way out of the taking and use as described above of such photographs and/or recordings. I understand that I will not have an opportunity to inspect and approve such photographs or recordings prior to their use. Services Provider warrants that in the event a video recording is created during the course of instruction, such recording will not be published on the World Wide Web, the internet or any online facility. Such recording shall not be used for promotional purposes of any kind by Services Provider.

**6. (Parent/Guardian Permission)**

I give my approval for \_\_\_\_\_ to receive practice driving lessons. I understand and agree to the above listed guidelines.

Student Signature	Print Name	Date
Signature of Witness	Print Name	Date
Signature of Parent (if under 18)	Print Name	Date