

# Donohue's Driving School



## REGISTRATION FORM

COMPLETE THE FORM AND MAIL WITH A \$325 CHECK  
OR CALL FOR VENMO OPTION TO:

DONOHUE'S DRIVING SCHOOL  
8 Elizabeth Road Hudson MA 01749  
978.562.2881

Student's name: \_\_\_\_\_

Student's email address: \_\_\_\_\_ @ \_\_\_\_\_

Street address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's phone number \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

High School you attend: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Parent's email address: \_\_\_\_\_ @ \_\_\_\_\_

Parent's phone number \_\_\_\_\_

Starting date of the class you want: \_\_\_\_\_

Has one of your parents attended a parent class within the past five years?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the name of the driving school: \_\_\_\_\_

Both parent and student will receive a confirmation email upon receipt of the form.