

California Learning Academy
Driver Education Consent/ Enrollment Form

You may print form and fax to 707-552-8045. You may also open it, fill it out, save, and send it back as an attachment to admin@thecalifornialearningacademy.com

Student:	Enroll Date:	Approved. Y <input type="checkbox"/> N <input type="checkbox"/>
Address:	Desired Course: Online <input type="checkbox"/> Distance <input type="checkbox"/>	
City / Zip: , Zip	Parent / Guardian:	
Phone: - -	Address if different:	
DOB (mm/dd/yy): <input type="text"/> - <input type="text"/> - <input type="text"/>	City , Zip	
E-mail:	Work #: - -	
Please Charge my card: Yes <input type="checkbox"/> No <input type="checkbox"/>	I will send \$75 via <input type="checkbox"/> PayPal <input type="checkbox"/> Other <input type="checkbox"/>	
Number:	EXP Date: -	
Authorized Signature:		

Please acknowledge the following by checking the boxes:

- It is agreed that you are enrolling in a distance learning or online course.
- You understand that while both online and print versions of this course are comprehensive and meet state standards they require more self-discipline to complete than a live course.
- You understand there is a 65-day maximum period from the date of enrollment to complete the course.
- You understand that this course is not transferable into any other course.
- You understand that should you choose not complete the course, a certificate cannot be issued.

Student Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____