

Maitland
Driver Training Centre Inc.
Mailing address:
 345 Argyle Ave. N.
 Listowel, ON N4W 1N2
 Phone: 519.292.1528

**Registration Form
 Beginner Driver Course**

Course # _____
 Start Date: _____

Please Print

Last Name:		First	All other names (as they appear on your licence)	
Address: Rural Emergency # and Road		or	Street & Apt. #	Town
				Postal Code
Telephone:	Date of Birth: YY/MM/DD	Please list medical conditions that may affect your driving.		School Attending
-	-			
Email address:	G1 License #:	Issue Date: YY/MM/DD	Expiry Date: YY/MM/DD	

Students will need to bring “The Official Driver’s Handbook” to all classroom sessions. Students should have their G1 License before starting the Course or must obtain it within 6 weeks after the classroom sessions are completed. The first in-vehicle lesson must be started within 8 weeks of the last classroom session.

The 20 hours of classroom sessions, the homework and the 10 hours of in-car driving **must** all be completed within 12 months.
 As per the MTO – no exceptions.

A fee is due if 48 hours notice is not given or if a student misses an in-car lesson. The instructors time must be paid.

>>> We **do not** pick up or drop off students at home. In-car lessons start and finish at L.D.S.S., or at the Maitland Classroom. In-car lessons start between 8am and 3pm Monday to Friday. Students will be driving during some school hours. If you have any questions please call or email.

Consent Form (Signature Required)

I hereby give approval for the above named student to receive beginner driver education instruction from **MAITLAND Driver Training Centre Inc.** in the classroom at the above address. I understand that the instructors of this course are properly certified and hold current certificates as required by law. In-vehicle instruction will be conducted in an automatic vehicle.

I understand that the course MUST be completed within 12 Months from the start date.

“I certify that the statements in this document are accurate and consent to the Release of any information contained herein to the Ministry of Transportation, Insurance Bureau of Canada and the MTO Course Inspector.”

X _____ / /
 Parent/Guardian Signature or Student (if 18 or older) Date YY / MM / DD

Please **mail** completed registration form and cheques to the **mailing address** or drop in the locking mailbox at the classroom at **150 Elizabeth St W., Listowel.**
 We will confirm that we received this form.

We must receive your registration form to guarantee your placement in the course.

Phone: 519.292.1528 maitland2120@gmail.com