

New London School of Driving, Inc.  
Student Sign Up Form

Date:

Student's Name: First: Middle: Last:

Address:  
City: ZIP Code:

Parent's Name(s):

Payment Type:

Contract Number:  
(to be completed by New London)

School:

Referred By:

Deadline to Finish:

Home Phone:

Work Phone:

Cell Phone:

Student Cell:

Student DOB:

Student Permit #:

Permit Expiration Date:

Permit Issue Date:

SSN #:

Email Address:

Will you be taking the driving test with New London or the DDS? New London:  DDS:

- \* Parent is responsible for delivering and picking up the student to classroom sessions.
- \* New London will pick up **locally** for the **driving lessons**.

Directions from NLSD to your Home: