

PRE-REGISTRATION FORM Please Print

1. Angelo Driving Academy 2016 quarterly/monthly updated Alcohol Education Program for Minors (6 hours course) will be held on date and time below. Please choose one (1) of class session date/time: Remember class requirements must be completed within the allotted timeframe. All students must attend both class times **Friday (5-8 PM) and Saturday (9 AM-12 PM)**, plus an exist interview.

Date/Time

All classes are Friday 5 PM -8 PM & Saturday 9 AM-12 PM Dates below:

- Dec 15 & 16 2017
- Jan 19 & 20 2018
- Feb 23 & 24 2018
- March 23 & 24 2018

Note these are Projected Dates and Times. Student MUST sign-up before class start date/time and take pre-test. Payment is expected at time of registration. Please complete this form and bring form with you to sign-up. Late registration is an additional \$20. No electronic navment.

1. You are required to attend one the above **ALCOHOL EDUCATION CLASS SESSION**, because of **(circle one) MIP / DUI / PI / OTHER _____**.
- You have been involved in a violation of state law and or policies, or have been arrested for an alcohol inf25action.
 - This mandate for educational services is for you to gain knowledge and information, and provide an opportunity to examine y0our alcohol use choices.
 - \$80 registration is required; student must sign-up the Thursday before Friday's start time. Students are required take a pre-test and complete other forms prior to class. Minimum of (3) Students must be met or class will be cancelled. Late registration cost is \$90, if signing up after the Thursday prior to class- Student will not be allowed to sign-up if registration is not done 15 minutes prior to start time.

2. You must sign-up in-person at Angelo Driving Academy at 400 W Ave N, San Angelo, TX 76903. Please present this form along with a student ID (SSAN or Driver License), and \$80 payment for the class. Early registration is required before attending class. **Please Print:**

 Student's Legal Name Social Security Number Driver License Number

 Name of Court or Name of Justice of Peace

 Address City, State Zip Code Phone Number

GRADE COMPLETED _____ Date of Birth _____ Gender M / F

For more information call us at (325) 658-2975 or contact online at <http://angelodrivingacademy.com/> or email us at ada@suddenlinkmail.com

CONFIDENTIALITY STATEMENT

I understand that information about me and my progress in the alcohol education program may be used for an annual report to the **Department of State Health Services**, research purposes (without identifying me), and may be shared with the court. I hereby authorize such use with the further understanding that this information will otherwise be held confidential and not released to other individuals or agencies for any reason without my signed consent. This consent may be revoked at any time, but is necessary for class participation.

Student Signature: _____ Date: _____

***Parent Signature: _____ Date: _____

*****Persons under the age of 16 must be accompanied by a parent or legal guardian at the time of registration and have written permission of a parent or legal guardian to take the course.**

Sincerely,
---Signed-----
Luther Pittman
Angelo Driving Academy