



STUDENT INFORMATION

Student Name: _____

Date of Birth: ____/____/____ (as it appears on birth certificate) Age: _____ Male Female

Things we should know: (IEP, Medical Conditions): _____

LOGIN INFORMATION

Preferred Username: _____

Preferred Password: _____

CONTACT INFORMATION

Address: _____

City/State/Zip: _____

School Attending: _____

Parent/Guardian Name: _____

Home/Cell Phone/Work: _____ Mother or Father

Home/Cell Phone/Work: _____ Mother or Father

Student Email: _____

Parent Email: _____

SCHOOL & SESSION CHOICE

School registering for (put 'online' if you are an online student): _____

Session Choice and Date (ex. Fall Sept. 16) : _____

METHOD OF PAYMENT - \$355 (MEMBER PRICE)

Check Money Order Visa MasterCard

Card Number: ____/____/____/____

Exp. Date: ____/____ CVV (3 digit) ____ (located on back of card)

Cardholder Signature: _____

PAYMENT IS DUE AT TIME OF REGISTRATION.

MAIL REGISTRATION FORM TO:

CIESC
ATTN: Driver Education
Pyramid Two – Suite 2020
3500 Depauw Boulevard
Indianapolis, IN 46268

OR FAX TO: (317) 663-2082