

Maitland Driver Training Centre Inc.
150 Elizabeth St W Phone: 291-2120
Listowel, ON Toll Free 1-866-292-5906
N4W 1C9 www.maitlanddrivertraining.ca

Classroom 2:
 281 Main St S
 Mount Forest

Course # _____
 Listowel or Mt. Forest
 Start Date: _____

Beginner Driver Course Registration Form

Please Print Student's Last Name: _____ First _____ Middle _____

Address: Rural Emergency # and Road _____ or Street & Apt. # _____ Town _____ Postal Code _____

Telephone: (519) _____ Date of Birth: YY/MM/DD _____ Sex _____ Please list any medical conditions that may affect your driving. _____ Name of School _____

Email address: (optional) _____ 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 completed within 8 weeks of the last classroom session.

To receive a "Ministry of Transportation of Ontario (MTO)" Beginner Driver Education Student Record – students must successfully complete ALL in-class and in-vehicle sessions, (20 hours in-class, 10 hours of independent study & 10 hours in-vehicle), within eight months of the starting date. A passing grade is 75%.

In-car lessons start and finish at L.D.S.S., N.D.S.S., W.H.S.S., or at the Maitland Classroom. In-car lessons are between 8am and 6pm Monday to Friday when students will deal with all types of traffic. If you have any questions please call or email. Alternate arrangements may be agreed upon with the in-car instructor.

Consent Form (Please sign)

I hereby give approval for the above named student to receive 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 a 4 door automatic vehicle.

I hereby give my consent for **MAITLAND Driver Training Centre Inc.** to release any information to the MTO, the Insurance Council of Canada or the Course Inspector pertaining to the above named student while in attendance at, or after completion of, the Ministry- Approved Beginner Driver Education Course including information on the Student Record as prescribed by the Ministry.

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

>>> Please **mail** this completed registration form and cheques to the **Listowel address** -or- drop in our mailbox in Listowel. We will call you to confirm.

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