



**Youth In Progress Driving School**  
**12 Enterprise Road, Hyannis Ma 02601**  
**Tel:774-470-1602 Fax: 774-470-1605**

Date of Class: \_\_\_\_\_ Current School: \_\_\_\_\_

**PLEASE PRINT CLEARLY AND USE YOUR FULL LEGAL NAME**

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ M.I.: \_\_\_\_\_

PERMIT # \_\_\_\_\_ Date Issued: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

PARENT CELL # \_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_

*Enrollment processed with a **non-refundable** deposit of \$150.00*

**Please make checks payable to :** RFK YIP Driving School and mail to: RFK YIP Driving School, 12 Enterprise Road Hyannis, MA 02601

WITH MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ALL THE INFORMATION LISTED ON THIS FORM.

**PARENT/GUARDIAN/DESIGNEE:**

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**STUDENT:**

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

