BOCES
Caring. Confident. United.

5-Hr Pre-Licensing Course
Course Registration form

Registration Information:

Name (Exactly as appears on NYS driver's permit): _____

Address 1 (Exactly as appears on NYS driver's permit): _____

Address 2 (Exactly as appears on NYS driver's permit): _____

Email Address for course materials *(Required):* _____

Cell Phone Number *(Required):* _____

Address 1 (Mailing for Certificate of Completion): _____

Address 2 (Mailing for Certificate of Completion): _____

Payment Information:

□ Credit Card (□ Master Card - □ Visa)

Name on Card _____

Card # _____

CVS# _____

Exp. Date _____

Billing Address 1: _____

Billing Address 2: _____

□ Cash □ Check □ Money Order, Amount enclosed:

Release of Information:

By signing below, I/we acknowledge that the Registration Information supplied above will be released to the entity that will be conducting the 5-Hr Pre-Licensing Course. I/we understand that to participate in the 5-Hr Pre-Licensing Course we are required to agree to this release. Additionally, to the extent I/we have supplied any information above I/we certify that that information is true, accurate, and complete.

_____ _____
Student (sole required signature if 18 or older) Date

_____ _____
Parent/Legal Guardian* Date

_____ _____
Parent/Legal Guardian* Date

* If the child has more than one parent/legal guardian with legal custody of the child, both shall sign this release form.