



Registration Form

Date:			
Salutation:	Mr. / Mrs. / Miss		
Last Name:	First Name:	Middle Initial:	
City:	Province:	Postal Code:	
Residence Phone:	Business Phone:		
Date of Birth	Year:	Month:	Day:
Sex:	M	F	
Permit/License Number:			

Signature of Applicant: _____ Fee Paid: _____

Release of Information

I _____, give permission to Go Driving School to release my information (e.g. name, address, phone, license) to MTO, The Insurance Council of Canada (ICC), The Ontario Safety League (OSL), or the Approved Course Inspector.

Date: _____ Student Signature: _____