

APPLICATION TO ATTEND THE DRIVER SAFETY PROGRAM

Case #

Print Name (First, MI, Last)

Street Address

Apt No.

City & State

Zip

Primary Phone:

E-Mail:

Check one response for each question.

If you are requesting the Internet Class, complete #4 only.

1. What is your choice of language?

(1) English (2) Spanish

2. What day do you want to attend the class?

(1) Monday (2) Tuesday (3) Wednesday
 (4) Thursday (5) Saturday (No 6:00 p.m. classes)

3. What time do you want to attend the class?

(1) 8:00 a.m. (2) 1:00 p.m. (3) 6:00 p.m.

4. Which location would you like to attend?

(1) Northern Kane (Elgin)
 (2) Central Kane (Geneva)
 (3) Southern Kane (Aurora, Sugar Grove)
 (4) DeKalb County (Malta, Sycamore)
 (5) Kendall County (Plano, Yorkville)
 (6) Outside of Service Area
 (7) Internet Class (must be 20 years of age or older)

5. What is most important to you?

(1) Day of Week (2) Time of Day (3) Class Location

6. Do you require a facility that has disabled access?

Yes No

7. Do you require sign language interpreter?

Yes No