



1.844.44-STEER

1300 Eastland Avenue Kingstree, SC 29556

steercleardriving@gmail.com

APPLICANT INFORMATION		
Name:		
Date of Class:	Date of Birth:	Primary Phone:
Current address:		
City:	State:	ZIP Code:
Student Cell:	Email:	
DRIVER INFORMATION		
Beginners Permit/ Driver's License #		
Date of Issue:	Name of High School if under 18?	
Restrictions?		
EMERGENCY CONTACT		
Name of Parent/ Guardian		
Address:		Phone:
City:	State:	ZIP Code:
PLEASE INFORM INSTRUCTOR OF THE FOLLOWING:		
Medications While Driving Yes / No		
PHYSICAL, MENTAL OR LEARNING DISABILITIES		
CHECK THE APPROPRIATE BOX FOR THE CLASS IN WHICH YOU ARE INTERESTED		
<input type="checkbox"/> Beginning Driver Training (8 hrs classroom & 6 hrs. BTW (\$260.00 Kingstree) <input type="checkbox"/> (\$285 Moncks Corner)	<input type="checkbox"/> Four Point/Insurance Reduction (8 hrs. classroom instruction \$100.00)	<input type="checkbox"/> Driving Exam \$35 (Kingstree) <input type="checkbox"/> Driving Exam \$45 (Moncks Corner)
<input type="checkbox"/> Beginning Driver Training (Payment Plan Kingstree \$95) <input type="checkbox"/> (Payment Plan Moncks Corner \$100)	<input type="checkbox"/> Hourly Drive \$35 (Kingstree) <input type="checkbox"/> Hourly Drive \$40 (Moncks Corner)	<input type="checkbox"/> Permit Test \$25
SIGNATURES		
Student Signature/Guardian:		Date:
Signature of Instructor: <i>Sophia Harris</i>		Date:

Instructions: This application should be returned to the school with the appropriate minimum deposit of \$95/\$100 and signed contract before the applicant will be scheduled for a class. The applicant will be notified of the scheduled date. Mail or email application to the address above: