

Young Driver Scheme

Registration Form

Please write clearly

Pupils preferred name.....
Address.....
.....
Post Code..... Date of Birth...../...../..... Age

Parent or Guardian Tel
Landline..... Mobile 1..... Mobile 2.....
Parent or Guardians Email.....

Preferred start month*..... Morning* Afternoon* Either

*Preferences cannot be guaranteed and may delay a commencement on the scheme

Consent is required for all persons under the age of 17 years from a Parent or Guardian:

I, (print name)..... Parent/Guardian agree to the above-named person
participating in this Young Driver Scheme

(Signature)..... Date...../...../.....

Please post this form together with a **£40** cheque payable to Young Driver Scheme
this is the cost of the registration fee and 1st lesson

to:

YDS, 67 Main Road, St Lawrence Bay, Essex CM0 7NA

Alternatively email to yds@iamchelmsford.org.uk the completed form together with a
BACS payment to sort code 09.01.27, a/c no. 37739056, Santander, with the Pupils name as a reference.

A Text message will be sent on receipt of this form followed by another when a lesson becomes available.
When a response is received a YDS starter pack will be sent to you with details of what to do and where to go
for your lesson.

Contact details: Mobile **07847 645632** or yds@iamchelmsford.org.uk

Do not leave Voicemails please Text or Email responses only.

For office use
Place to be reserved at..... am/pm/ on/...../..... ADI.....
Received/...../..... Confirmation pack sent/...../..... No.....