

85 Main Street Suite 201 Watertown, MA 02472  
(617) 393-1700

[manager@drivingschoolsma.com](mailto:manager@drivingschoolsma.com)

**DRIVER ATTITUDINAL RETRAINING COURSE "Safety First"**

**REGISTRATION FORM**

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Who Referred You? \_\_\_\_\_  
Full Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Reason for taking Course: \_\_\_\_\_  
License Number \_\_\_\_\_ Issue Date \_\_\_\_\_

**Request to take "Safety First" Course**

I, \_\_\_\_\_ (please print your name), hereby request to be enrolled in your state-approved Driver Attitudinal Retraining Course provided by Bay State Driving School. No refunds on or after scheduled class for No-Shows. If I need to cancel, I will provide at least a 24 hour notice prior to the class I chose below.

That I, \_\_\_\_\_ (please print name) with this Registration Form am submitting full payment of \$60.00 to reserve my space to attend the 4-hour classroom session. That I am also enclosing copy of my driver's license, and copy of the letter of the agency who is requiring this course. Check mark next to the date you will be attending:

- Sat. Apr. 14th at 10:00 a.m. (A)
- Sat. Apr. 21st at 10:00 a.m. (B)
- Sat. May 12th at 10:00 a.m. (A)
- Sat. May 19th at 10:00 a.m. (B)
- Sat. Jun. 9th at 10:00 a.m. (A)
- Sat. Jun. 16th at 10:00 a.m. (B)
- Sat. Jul. 14th at 10:00 a.m. (A)
- Sat. Jul. 21st at 10:00 a.m. (B)
- Sat. Aug. 11th at 10:00 a.m. (A)
- Sat. Aug. 18th at 10:00 a.m. (B)
- Sat. Sept. 8th at 10:00 a.m. (A)
- Sat. Sept. 15th at 10:00 a.m. (B)

Note: "A" Sessions held at: 85 Main St. Suite 201 in Watertown  
" B" Sessions held at: 17 West Central St. in Natick

Print this form, fill it out, and mail it to:  
85 Main St. Suite 201 Watertown, MA 02472

**You must pre-register before you attend.**

Depending on the number of registrants, we may be able to provide other alternative dates and times for your convenience. **Please send a copy of the violation and letter stating the need to take this course and a copy of your driver's license.** Return this registration form along with payment to reserve your seat.

\*\*\* Upon receipt of this registration form and other required documents, the office will contact you by phone confirming enrollment to the "Safety First" Course. **We must receive all required items listed above at least 7 days before desired class. You will not be issued a letter of completion if we do not have all documents on file.**

**SIGNATURE**

\_\_\_\_\_

**DATE** \_\_\_\_\_

**No Refunds After Receipt of Registration Form**