CINNAMINSON SCHOOL DISTRICT

DEFENSIVE DRIVING CLASS

Make checks payable to:

Cinnaminson BOE

DDC Registration Form

HIGH SCHOOL CAFETERIA
9 A.M.—4 P.M.

CHOOSE ONE:
Mon. Sep. 14; Fri. Nov. 6; Mon. Jan. 18 or Thurs. March 31

1. Permit or Driver License Number

2. Last Name **3.** First Name **4.** Middle Initial

5. Mailing Address on Driver License

6. City **7.** State **8.** Zip Code

9. Your Home Phone **10.** Your Work Phone

11. Date of Birth **12.** ☐ Female ☐ Male **13.** Eye Color

14. What is your age?
Place an **X** in the correct box.

(0)	☐	15 to 18	**(6)**	☐	55 to 64
(1)	☐	19 to 21	**(7)**	☐	65 to 74
(2)	☐	22 to 25	**(8)**	☐	75 and over
(3)	☐	26 to 34			
(4)	☐	35 to 44			
(5)	☐	45 to 54			

15. Which phrase best describes why you are taking this course?

- ☐ Employee safety training
- ☐ Court referral-traffic ticket
- ☐ Civic group program
- ☐ Point reduction
- ☐ Insurance discount
- ☐ Other (please specify) _____

16.

Resident	Non-Resident	Employee	Court Mandated
($18)	($29)	($18)	($49)