




**PROGRESSIVE
DRIVING SCHOOL** 

www.progressivedriving.ca
 516 South High Street (Unifor Centre)
 Thunder Bay, P7B 3M3
 Office: 807-343-9291
 email: driving@tbaytel.net



STUDENT'S NAME: _____

ADDRESS: _____
 Apt. # Street City Postal Code

TELEPHONE Home/ Business or Cell/Text: _____

DATE OF BIRTH _____ day/month/year

E-MAIL ADDRESS: _____

School / College / University / Other: (name of school) _____

PLEASE REGISTER ME FOR: (Course month)

ENCLOSED IS MY PAYMENT OF: \$ _____ Cash /Cheque / Visa/ MC / Interac e-transfer.

I hereby give consent for the release of any information by Progressive Driving Inc. to the Ministry of Transportation, the Insurance Council of Canada or the course inspector pertaining to my attendance at or completion of this Ministry Approved Driver Education course, including any information recorded on the student data record prescribed by the Ministry of Transportation.

I heard about Progressive Driving School: **Please Circle all that apply**

Family/ Friend / Web Site / Facebook / Yellow Pages, other

Email address: driving@tbaytel.net