

Coach's Driving Academy
1175 Robert Road
Slidell, La
(985)445-4494



Registration Form

Parents Name _____

Students Name _____

Home Phone () ____ - ____ Cell Phone (____) ____ - ____

Class Date ____/____/____

Check Number _____ Deposit Amount _____

A minimum of \$50.00 is required. Please make checks payable to :
Coach's Driving Academy

Mail this form to the address at the top of the form, or drop it off with
payment at the drop box at 1175 Robert RD Slidell, La 70458