

# SPRING 2012 CLASSROOM LECTURE

February 12<sup>th</sup> for 5 Consecutive Sundays

**LOCATION:** Thompson Defensive Driving Systems, located above the Revenue Office at ASHLEY SQUARE  
(Corner of Reservoir and Rodney Parham)

**COST:** \$200.00

**DATES:** Classes run for 5 consecutive Sundays

**TIME:** 1:00pm – 5:30pm

**DRESS:** Casual

**BRING:** Notebook, Pen/Pencil

Thank you for your inquiry about our Spring classroom lectures. In order to confirm your space; please send in the \$200.00 fee to the address below as soon as possible. Students are allowed to miss one class session unless it is the last day (review & test day). If they miss the last day they will have to make it up at our next scheduled class in order to receive a certificate.

The behind the wheel driving is PAID FOR SEPARATELY, is not included in the cost of the classroom lecture and can be done Monday – Friday (after school during the school year), Saturday (all day), or anytime they are out for a holiday once the child has a learners permit. If the child has a permit before they take the class, they may start the behind the wheel before they take the class, in conjunction with the class or after the class is over. These lessons are made by appointment.

If you have any further questions, please feel free to call our office @ 501-225-4028, Monday – Friday, 8am – 5pm. We are looking forward to having your child in our class.

## Reserve your space early!

Please retain this portion for your reference

Please fill out as completely as you can & send in with your payment

Spring Class 2012: February 12<sup>th</sup> Sundays 1:00 P.M. to 5:30 P.M.

**Student's First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_ **Male:** \_\_\_\_\_ **Female:** \_\_\_\_\_ **Last 4 of SSN:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Call order:** \_\_\_\_\_ **Student Cell Phone:** \_\_\_\_\_ **Call order:** \_\_\_\_\_

**Dad / Mom** (circle one each) **Work / Cell** Phone: \_\_\_\_\_ **Call order:** \_\_\_\_\_

**Dad / Mom** (circle one each) **Work / Cell** Phone: \_\_\_\_\_ **Call order:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Parent's names:** \_\_\_\_\_

Student has (circle one) Permit / License / Hardship / None

**School Attending:** \_\_\_\_\_

**Special Needs:** \_\_\_\_\_

Please indicate if you are intending to take Behind the Wheel lessons from us? (Circle One): YES / NO

Please send application to: **Thompson Driving School**  
**9108 Rodney Parham, Suite 210**  
**Little Rock, AR 72205**