Walker Career Center \*The Bureau of Motor Vehicles requires

# Evening Division the following documents

# 9651 E. 21st Street 1. Certified Birth Certificate

## Indianapolis, IN 46229 2. Social Security Card

(317) 532-6150 3. School I.D.

Fax 532-6199 4. Current Report Card

5. CDE Slip From Class

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(last) (first) (birthdate) (male/female)*

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(street address)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(city*) *(state*) (*zip code)*

## Home Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_work/cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Method of Payment: $375.00

## Cash\_\_\_\_\_ MC\_\_\_\_\_ Visa\_\_\_\_\_ *\*\*\* We do not accept personal checks. \*\*\**

## 

## Card #\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

## Expiration Date\_\_\_ \_\_\_/\_\_\_ \_\_\_

## Room 322 (next to the WCC office)

## Classroom Dates: 8/5/19 – 8/29/19

Classroom: Mon/Tue/Wed/&Thu. Time: 6:00 – 8:00 PM Section: 1

Drive Dates: 8/30/19 – 9/27/19

Drive Cycle 1 (M/W/F) □ Drive Cycle 2 (T/TH/SAT) □

\*\*\*Walker Career Center Policy:

Refund requests must be made before the class meets for the first time.

Student and parent/guardian accept full responsibility for the class starting date.

Students must attend the first day of class or they forfeit their seat in the class.

\_\_\_\_(student initials) \_\_\_\_\_(Parent/guardian initials)