

Right Way Driving School NJMVC License #: 000110 83 East Lindsley Road, Cedar Grove NJ (07009) 973-812-9088 | rightwaydriving75@gmail.com

Name	of Student:				
Addres	ss:		City/Zip:		
Contact Number:			Date of Birth :_	Date of Birth :	
Parent	Email:		Eye Color:	Weight:	
Height: Student Social Security Number:					
Parent Signature:Stu			Student Signature: _		
\$14 fee	made payable to NJ	hours of driving lessons, whi MVC for the permit and requedge (written) exam. No char	ired GDL decals. A \$50) fee is applied for only	
If a check made to Right Way Driving School is returned for any reason, there is a fee of \$30 per return check. The amount due must be paid CASH or MONEY ORDER along with any court or attorney fees.					
made d	uring normal busines		ments must be mutuall	d \$50. The cancellation must be y agreed upon for date, time and son with a full refund for the	
Return this form and documents to:					
		83 East Lindsley Road,	riving School Cedar Grove NJ (070 2-9088	09)	
1.	Choose one of the following primary documents. They MUST BE ORIGINALS, no exceptions and will be returned at the completelion with permit.				
	Birth Certificate	Passport	I-94	VISA	
2.	Copy of student's social security card. You must apply for one if you don't have it. No exceptions.				
3.	Print and complete the NJMVC Learners application (click here). (Student signs as applicant)				
4.	\$14 check payable to NJMVC (include phone # & drivers license # on memo) DON'T DATE THE CHECK				
5.	Written Examination Waiver (issued by Driver Education teacher)Right Way DS Score				
Does student wear glasses/contacts? Yes No Approx. last vision screening					
Office Use Only: Payment Cash CheckOther					