

**HAWAII DRIVING INSTITUTE  
DRIVER EDUCATION PROGRAM REGISTRATION FORM**

Mail signed Program *General Information* and *Registration* forms along with  
payment to Hawaii Driving Institute (HDI) @ 1188 Bishop St., Suite 1710, Honolulu, Hawaii 96813  
Make checks payable to: HDI

|                                    |  |                 |                                     |                        |                  |                    |       |
|------------------------------------|--|-----------------|-------------------------------------|------------------------|------------------|--------------------|-------|
| Student's Last Name                | Student's First Name   | M.I.            | Gender                              | Birth Date             | Gra              | School Attending   |       |
|                                    |  |                 | M / F                               | / /                    |                  |                    |       |
| Student resides with               | Mailing Address  |                 |                                     | City                   |                  | Zip Code           |       |
|                                    |  |                 |                                     |                        |                  |                    |       |
| Learner's Permit #                 | Expiration Date  | Email Address   |                                     | Home Ph                | Cell Ph          | Other              |       |
|                                    | / /  |                 |                                     |                        |                  |                    |       |
| Father/Legal Guardian              |  | Workplace       |                                     | Work Ph                | Cell Ph          | Other              |       |
|                                    |  |                 |                                     |                        |                  |                    |       |
| Mother/Legal Guardian              |  | Workplace       |                                     | Work Ph                | Cell Ph          | Other              |       |
|                                    |  |                 |                                     |                        |                  |                    |       |
| <b>CLASS &amp; BTW INFORMATION</b> |  |                 |                                     |                        |                  |                    |       |
| Class Location                     | Class Date(s)  |                 |                                     | Class Time             | Class Days       |                    |       |
|                                    |  |                 |                                     |                        |                  |                    |       |
| BTW Location                       | BTW Date(s)  |                 |                                     | BTW Time               | BTW Days         |                    |       |
| Pick-up in front of Classroom      | To sign up in class. BTW to begin after minimum of 18 hours classroom instruction. |                 |                                     | 6:30am - 7pm Available | 7 Days Available |                    |       |
| <b>EMERGENCY CONTACT</b>           |  |                 |                                     |                        |                  |                    |       |
| Name                               | Relationship   | Cell            | Home Ph                             | Work Ph                | Other Ph         | Doctor's Name/Ph # |       |
|                                    |  |                 |                                     |                        |                  |                    |       |
|                                    |  |                 |                                     |                        |                  |                    |       |
|                                    |  |                 |                                     |                        |                  |                    |       |
| <b>FOR OFFICE USE ONLY</b>         |  |                 |                                     |                        |                  |                    |       |
| Session Dates                      | Class (Days & Times)   | Amount Received | Method of Payment                   |                        | Date of Payment  | Posted             | Faxed |
|                                    |  |                 | Cash / Check # _____<br>Money Order |                        |                  |                    |       |

GENERAL INFORMATION

**Please Sign and Return**

REGISTRATION: Seating is limited. Space is reserved when registration & general information forms, along with payment are received. A confirmation letter will be sent to you upon receipt of the above.

PARENT ORIENTATION: A parent orientation meeting will be held 30 minutes before the end of the first classroom session unless otherwise specified. Information about the process, your involvement, requirements of the law, and more will be discussed. A question and answer period will follow. It is essential that you attend this meeting for your son or daughter.

LOCATION: One of the following: 1. Aiea Town Square, 99-080 Kauhale St., C-18, Aiea, HI 96701 .(2nd floor, upstairs of Sakura Delicatessen, 4th door from left.) 2. Honolulu location to be announced. Near Keeaumoku McDonald's.

CLASSROOM ATTENDANCE: Attendance is mandatory. The student is required to complete 30 hours of classroom instruction. Unexcused absences or tardiness may be cause for disqualification from classroom certification. Call 488-0001 if you know you will be late.

BEHIND THE WHEEL ATTENDANCE: Be sure to record and remember your 6 hours of scheduled drives. Should you forget, you may be charged for the additional rescheduled hours. If you need to reschedule, please do so at least 48 hours before your scheduled drive to avoid a \$45 fee. If you're running late, call 488-0001 or call your BTW instructor to let us know.

STUDENT CONDUCT: Keep the area clean and be respectful to the staff and fellow students. The following student conduct shall not be tolerated on program property: 1) abusive language, 2) fighting 3) smoking or chewing tobacco products, 4) vandalism, 5) Usage of drugs, alcohol, or illegal substance, 6) any display of disrespect or discourtesy, 7) Any criminal acts as governed by law.

PROGRAM REFUNDS: There shall be no refunds. Special circumstances will be considered on an individual basis.

LOST BOOKS: There shall be a \$95.00 charge for books not returned or returned damaged.

LOST COMPLETION CERTIFICATES: There shall be a \$40 charge to replace lost certificates. The parent must have notarized an acknowledgement of lost completion certificate form (provided by instructor). This form shall be given to the instructor in exchange for a replacement certificate.

**H D I**

I hereby agree, that if the HDI staff is unable to contact me or one of the persons listed an emergency contact, I hereby consent that if my child exhibits signs of illness of injury, that at the discretion of the staff, my child may be taken to the nearest medical facility and be given any treatment deemed necessary by the personnel of the medical facility.

Student/Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_