



www.citytrafficschool.net
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Home Booklet Study Registration

Name:
Driver license #: State Issued: Expires Date:
Mailing Address:
City: State: Zip Code:
Daytime Phone Number: Evening:
Gender: Male / Female Date of Birth:
Email:
Disabilities: No / Yes If yes, please describe:
Court Name: County Court:
Case/Docket Number: Due Date:
How did you hear about us?

Course Fee: \$35.00

Check Money Order Master / Visa Cash
Check # Account # Fee
Check Date: Check Date: Exp. Date: Paid Date:

Security Questions

The purpose of the security questions is to provide to school with verify your identity. We will randomly select these questions while you are taking the traffic school course. We will not distribute, or make any available any of your information to someone else.

What is your favorite sport?
What kind of car do you like?
What is your favorite color?
How many years have you been driving?
What is your favorite music?
How many mile (one-way) to your work or school?
What country were your born?
What kind of pet do you like?
What kind of drink do you like?
What is the color on your eyes?
What is your hair color?
What is your weight?
What is your favorite food?

Student Signature: Date:

* Please fill out the information on the form and print it out. Then send the form to our office with \$35.00 payment (check or credit card info) to the above address. Then we will deliver the booklet to you after we receive the payment. Delivering will require 7 working days for shipping.