

Johnston Community College Defensive Driving Program

Registration Form

Please indicate course:

() StreetSafe – Non-refundable \$130 registration fee (plus \$5 CAPS fee)

() ADD (Attitudinal Dynamics of Driving) – 8 Hour Class – Non-refundable \$100 registration fee (plus \$5 CAPS fee)

IMPORTANT NOTES FOR APPLICANTS:

- **Incomplete registration forms** will not be processed and will be returned to the applicant.
- **For StreetSafe only – If under the age of 18**, applicant must be accompanied by a parent for the first hour of class.
- **If applicant is a high school student** enrolled in a private school, home school or any high school outside of Johnston County, the applicant must also submit a Concurrent Enrollment form.

Two options to register and pay:

Mail-In Option

- Contact the Defensive Driving Coordinator to determine the next available class.
Call (919) 209-2213, Monday – Thursday from 8 am to 2 pm.
- Mail this application along with a **money order/cashier's check** for the registration fee (plus \$5 CAPS fee) indicated above to:
Defensive Driving Program PO Box 2350, Smithfield, NC 27577

Registration On Campus

- Deliver completed application to Defensive Driving Coordinator Monday – Thursday from 8 am to 2 pm at the following location to determine next available class:
Defensive Driving Office Wilson Building Registrar's Office
- Take the application with class assignment to the Registrar's Office, located in the Wilson Building, to be officially registered in the specified class.
- Take the registration form to the Cashier's Window at the Business Office located in the Wilson Building to pay and get receipt for the registration fee.

Please complete the following information for registration:

Last Name

First Name

Middle Name

Name _____

Print exactly as name appears on your driver's license

Mailing Address _____

City _____ State _____ Zip Code _____ County of Residence _____

Social Sec. # (last 4 digits) _____ D.O.B. _____ Age _____ Gender: () Female () Male

Telephone Numbers: (H) _____ (Cell) _____ Driver's License # _____

Employment Status: () Retired () Unemployed () Part time () Full time Ethnicity: _____

Highest Grade Completed: _____ Earned High School Equivalency () Race: _____

If still in high school, name of current school: _____

I understand that classes are assigned and filled on a first come, first served basis. Should a class be canceled by the College, I will be given the opportunity to attend a rescheduled class at no additional cost to me or I will be allowed to withdraw and receive a full refund of the fees paid. I also understand that I must attend class on time or I will not be permitted to enter. **I acknowledge that registration fees are non-refundable and non-transferrable for these classes**, with the exception as noted above.

Signature _____