

\$ Paid : \$ _____
Date Paid: _____
Ca _____ **Ck** _____ **MO** _____
 *Office use only

STUDENT NAME _____
 _____ First _____ Middle _____ Last _____
 ADDRESS _____
 _____ Street _____ City _____ Zip Code _____
 TELEPHONE _____ DATE OF BIRTH _____ / _____ / _____

The above fee for this course will entitle the student to a quality driver education program, which will include the following:

- You must be at least 14 years and 8 months by the first day of class. The school reserves the right to limit class size and to cancel classes with insufficient registration. **Class fees are refunded ONLY when the class is canceled, upon receipt of a physician's statement of illness, or if the enrollee moves out of the area prior to the start of class. You MUST** return a signed contract with a **\$100.00** deposit prior to the start of the class in order to ensure a place in the class. The first 36 students paying their deposit will be admitted to class. The remaining balance of \$300.00 is due on the first day of class or you will not be admitted to class and the deposit will be forfeited. A \$50.00 processing fee will be applied if you change the date of class less than 14 days prior to the start of class. A student needing additional driving instruction at the conclusion of class will be offered private lessons at the rate of \$50.00 per hour. Replacement certificates are available for \$10.00

Parent or legal guardian