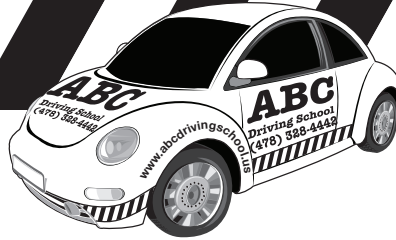


ABC Driving School



CONTRACT #

1001 Russell Parkway
Warner Robins, GA 31088
(478) 328-4442 FAX: 328-4443

Student Name _____
Address _____
City _____ ZIP _____
Home Phone (____) _____
Permit or Lic. # _____
Exp. Date _____ St. _____ DOB _____

Parent or Guardian _____
Address _____
City _____ ZIP _____
Home Phone (____) _____
Parent Cell (____) _____
Emergency (____) _____
E-Mail _____

Type of Instruction

Class Training Dates _____

- 30 Hour Classroom/6 Hour "Behind the Wheel" Training Combined \$495
- 30 Hour Classroom Instruction \$150
- 10 Hour "Behind the Wheel" Training w/6-Hour Defensive Driving Class \$740
- 6 Hours "Behind the Wheel" Training \$425
- 2 Hours "Behind the Wheel" Training \$170

*****Please be aware that your spot can not be reserved until payment has been received*****

I, the undersigned student, agree to complete the above course of instruction for a fee of \$____, consisting of _____ hours of the classroom and _____ hours behind the wheel instruction by the above-named Driver Training School. If additional behind the wheel instruction is requested, a fee of \$85 per hour is charged. It is understood that this Driver Training school is licensed by the Georgia Department of Driver Services (DDS) in accordance with Georgia Law Title 43-13-1 (The Driver Training School and Commercial Driving Training School License Act) and that each instructor is certified by the Georgia Department of Driver Services.

The student's successful completion of the above-named course requires each of the following:

1. Punctual attendance for all sessions.
2. Reasonable attentiveness and participation in all classes.
3. Makeup classes for missed sessions.
4. Successfully passing a written examination with a grade of at least 70.

*****Please Initial the Following Statements to Acknowledge You Have Read and Understand These Policies*****

_____ The Classroom Training is taught at the ABC Driving School Student Center (behind Carpet One, Warner Robins)
_____ I understand that should my child disrupt the classroom in any manner, he/she will be ejected and I will be required to pick them up. The student will not be allowed to return to this class and no refund will be given for the time missed.

_____ Pick-Up and Drop-Off location for in-car instruction will be at the ABC Driving School office at 1001 Russell Pkwy.
****There will be a \$10 cancellation fee for ALL appointments cancelled with less than 24 hours notice****

****This fee will be automatically applied to your account and certificates will not be issued until all debts have been satisfied****

_____ ABC Driving School offers Pick-Up and Drop-Off service for in-car training students at an alternate location for an additional fee of \$1.50 per mile as determined by Google Maps.

_____ I understand that all behind the wheel driving sessions are audio and video recorded for safety and training purposes.

The Driver Training School will not refund any tuition or part of tuition if the School is ready, willing and able to fulfill its part of this contract. I understand that if I fail to comply with the terms and conditions of this agreement, I am in breach of contract and the School will not be under any obligation to fulfill the terms of this contract, and may, at its option, terminate this agreement immediately. Instruction must be completed within six (6) months.

I understand that the penalty for cancelling a student's enrollment in a class is as follows. Joshua's Law 30-hour class: \$25, 6-hour behind-the-wheel driving lessons: \$50, 30-hour class + 6 hours behind-the-wheel driving: \$75.

It is agreed that an owner, instructor, or employee of this Driver Training School shall not give the impression directly or implied t e as described above, the Driver Training School agrees to provide certification of said completion to the student.

This Driver Training School has and will maintain for the protection of the contractual rights for the student a performance bond in the principal sum of ten thousand dollars (\$10,000.00) for the students to be written by a company authorized to do business in the state of Georgia.

This agreement constitutes the contract between the above-named Driver Training School and the above-named student and no verbal statements will be recognized.

We hereby authorize and give our consent to the audio and video recording of all Behind-the-Wheel driving sessions by ABC Driving School.

Signature of Student _____ Date _____

Authorized Signature of School _____ Date _____

Signature of Parent _____ Date _____

Office Use Only:
Payment Received By: _____ Amount Rec. \$ _____ Date _____
Payment Type: Check # _____ Cash Visa M/C AMEX Disc