



CONTRACT / REGISTRATION FORM

Date _____

I, (Student's Name) _____ hereby agree to take professional driving instructions consisting of 30 (thirty) hours classroom instruction including that which relates to traffic laws, and 6 (six) hours behind the wheel instruction. The school agrees to furnish a car for all practical instructions without additional cost. It is agreed that an instructor or employee of this school shall not give the impression to a student that upon completion of their instructions, this school will guarantee the securing of a driver's license to operate a motor vehicle.

PARENT ALERT PLEASE READ CAREFULLY

1. I understand that each student is assigned to a driving instructor (after classroom completion) in the order of registration. The completion of the driving portion (6 hours) can take several months after classroom completion, during times of unusually high enrollment.

2. Cancelled driving appointments result in lost instructional hours and delay the assignment of the remaining students. Driving appointments must be cancelled at least 24 hours in advance to avoid a \$40.00 rescheduling fee.

- ❖ Refunds are not given after the start date of the class.
- ❖ Parents are required to attend the first hour of the first class.
- ❖ In order to maintain the quality of instruction, absences are not permitted. If a student misses a class he/she will be dropped from the class and may re-enroll in a future course date to complete the course.
- ❖ Student must have a valid Georgia permit or license to begin the six-hour driving portion of the course.
- ❖ If a student is dismissed due to irresponsible or unacceptable behavior, no refund will be given. He/she may re-enroll in a future session for the full fee.

This agreement constitutes the contract between the school and the student and no verbal statements will be recognized.

Signature of Student

Signature of Parent/Guardian

Name of student as it appears on the birth certificate: _____

FEE: \$375.00

Nickname _____

Parent's Name _____ Work Number _____

Home Phone _____ Alternate Phone (cell) _____

Address _____

City _____ Zip _____ email _____

School Currently attending _____ Date of Birth _____

**Registration must include student's Social Security Number : _____

If Applicable, Permit # _____ or License # _____ Date Issued _____

Choice #1 Session Date _____ Location _____

Choice #2 Session Date _____ Location _____

Visa, MasterCard, Discover _____ Exp.Date _____

Does the student have learning problems or physical limitations? _____

Make check payable to Marietta Community School

Send completed form to the address or fax below

Marietta Community School
1171 Whitlock Ave.
Marietta, GA 30064

www.mariettacommunityschool.com

FAX: 770-429-3178
Phone: 770-429-3170 or
770-429-3171

For Office Use Only

Amount Paid _____

Contract # _____