

Virginia Driving School, Inc.

WWW.VADRIVINGSCHOOL.COM

Corporate Office 8807 Sudley Road Suite 214, Manassas, VA 20110 **703-367-0911**
 Springfield Office 7011 Calamo St. Suite 209, Springfield, VA 22150 **703-367-0970**

Adult Behind-The-Wheel Agreement:

Please print all the required information:

Re-Certification (Failed 3 attempts at DMV) **First Time (Never Tested at DMV)**

This agreement is entered into this ____ day of _____, 20____ between Virginia Driving School, Inc. and

Full Name: _____
Last First Middle

Birth Date: ___/___/_____ Male___ Female___ Student Email: _____

Permit/License Number: ____-____-_____ Issue Date: ___/___/____ Exp. Date: ___/___/____

Address: _____ City/State/Zip: _____

Home Phone Number: (____)____-_____ Cell Phone: (____)____-_____

Emergency Contact Person: _____ Phone Number: (____)____-_____

Are you taking any medications: Yes____ No____(if yes, please describe)_____

List any other medical conditions or learning disabilities: _____

The following conditions must be understood before enrolling.

1. Course consists of minimum of ____hours of Behind-The-Wheel instructions for over 19 years of age at cost of \$ _____ payable in **CASH or MONEY ORDER ONLY**.
2. Additional Behind-The-Wheel lessons are available at \$ 50 or more per lesson. (Lessons are sixty minutes long).
3. **A minimum of 24 hours notice is required for cancellation of Behind-The-Wheel lessons. Failure to comply will result in a charge of \$30 to the cost of lesson.**
4. A refund of all fees paid will be made, upon request, if school is not capable of or willing to begin instruction within 30 calendar days from the date agreed to in the contract.
5. Student will be notified by phone call or email in the event the school cancels Lesson.
6. School does not guarantee that any student will pass the state license examination or that the student can secure a license or that student will be guaranteed employment upon completion of any course instructions.
7. There is a **\$100** charge to use school's vehicle for the DMV road test.

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8. Return Check Fee is **\$45** and any other cost incurred associated with the transaction.
9. Students are fully accountable for their conduct. They can be dismissed from the course for misbehavior without refund. **No food, drink, cell phones, smoking or sleeping in car is allowed.**
10. It is the responsibility of the student or in case of minor the parent or legal guardian to report the Department of Motor Vehicles any concerns regarding school facilities, instructor behavior or quality of instructions by the school.

We have read this contract and agree to abide by the conditions.

Student's Signature _____ Date _____

School Representative's Signature _____ Date _____

DMV is committed to promoting transportation safety through the certification of quality driver training programs. If you have comments or concerns about this course, call toll free number:

1-877-885-5790

<p><i>For Office Use Only</i></p> <p>Date: ___/___/_____</p> <p>Amount Paid _____</p> <p>Cash ___ Money O# _____</p> <hr/> <p><i>VA Driving School Rep Signature</i></p>
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