

Date : _____

A-ALERT DRIVING SCHOOL, LLC

Agreement No. _____

Beginning Class Date and time :

Office: 1116 WALNUT ST

WEST BEND, WI 53095-3152

EMAIL: info@aalert.com

Phone: 262-338-6992

West Bend Class

Name: _____ **Date of Birth:** _____

Street: _____ **City :** _____ **State:** _____ **Zip:** _____

Phone: _____ **Parent's Names:** _____

I (we) hereby make application to A-ALERT DRIVING SCHOOL

I agree to pay a fee of \$345 for a complete course of driving instruction to include 30 hours of classroom instruction, 6 hours of behind-the-wheel instruction, and 6 hours of in-car observation. Payment of \$ 345 due before classroom instruction. Additional behind-the-wheel instruction, if student requested at \$50.00 per hour.

I agree to pay a fee of \$285.00 for 6 hours of behind-the-wheel instruction and 6 hours in-car observation. Additional behind-the-wheel instruction, if student requested, at \$50.00 per hour. Classroom instruction was completed at .

I agree to pay a fee of \$50.00 per hour for each hour of behind-the-wheel refresher training. I am aware that refresher training is only given to persons with previous driving experience and I certify that I have previous driving experience by making application for such training.

I agree to pay a fee of \$65.00 per hour for each hour of behind-the-wheel training. Fee is to be paid before each lesson.

I agree to pay a fee of \$80 for a 10 hour refresher course

The school will not refund any tuition or part of tuition if the school is ready, willing and able to fulfill its part of the agreement. Students can and will be dismissed from class for disruptive behavior, with no refund.

A charge of \$35.00 will be made for each BTW lesson missed which was not cancelled.

This agreement constitutes the entire contract between the school and the student, and no verbal statement of promises will be recognized.

Payment included check one:

I have paid Online or I am sending a Money Order Or Check with this contract.

Signature of Student:

Signature of A-Alert Representative:

Signature of Parent:

Date:
