Date : A -	-ALERT DRIVING SCHO	· ·	Agreemen	t No
Beginning Class Date and time	Office: 1116 WALNUT S WEST BEND, WI 53095-31			
	EMAIL: info@aalert.com	.52		
Online Class	Phone: 262-338-6992			
Name:	Date of Bi	rth:		
Street:	City :		State:	Zip:
Phone:	Parent	's Names:		
I (we) herby make applicat	ion to A-ALERT DRIVING	SCHOOL		
☐ I agree to pay a fee of \$45 instruction and 6 hours in cobehind the wheel, if student	car observation. Full payme t requested \$50.00 per hour	ent due before c	lassroom	begins. Additional
☐ I agree to pay a fee of \$59 instruction and 0 hours in combehind the wheel, if students	car observation. Full payme	nt due before c		
□I agree to pay a fee of \$10	00.00 for a 30 hours of onlin	ne classroom tra	aining on	ly. Full
Payment due before classro	oom instruction		C	
The school will not refund any of the agreement.Students can				
A charge of \$50.00 will be mad	e for each BTW lesson missed	which was not ca	incelled.	
This agreement constitutes the promises will be recognized. Payment included check one:	entire contract between the sc	hool and the stud	lent, and n	o verbal statement of
☐ 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:		Ι	Date:	