

Date : \_\_\_\_\_

**A-ALERT DRIVING SCHOOL, LLC**

Agreement No. \_\_\_\_\_

Office: 1116 WALNUT ST

**Beginning Class Date and time :** WEST BEND, WI 53095-3152

EMAIL: info@aalert.com

**Living Word Class**

Phone: 262-338-6992

**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 \$315\_ 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 \$ 315 due before classroom instruction. Additional behind-the-wheel instruction, if student requested at \$50.00 per hour.**

**I agree to pay a fee of \$200.00 for 30 hours of classroom time only.**

**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 \$25.00 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:**

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