MED CITY DRIVING SCHOOL

P.O. Box 6914 Rochester, MN 55903 medcitydrivingschool@yahoo.com 507-289-8995

FOR	OFFICE	USE	ONLY
T. OT	OLLIOR	CDE	OME

CONTRACT #24_____EXPDATE-

STUDENT ENROLLMENT FORM

NAME:					
	FIRST	MIDDLE	LAST	DOB	
ADDRESS:					
	STREET	CITY	STATE	ZIP CODE	
CONTACT:					
	PHONE #1	PHONE #2		EMAIL ADDRESS	

MED CITY DRIVING SCHOOL does hereby agree to:Provide 30hrs of Minnesota based and approved Driver's Education Training & 6hrs of Behind The Wheel Training for a fee of \$400.00(\$25 discount if Paid-In-Full) Minimum payment of \$200.00 due 1st day of class. In order for the student to receive the Course Completion Card aka BLUE CARD the fee must be paid in full on the last day of class.

Parents need to notify MCDS of a student's absence for classroom or BTW training in a reasonable time to avoid a \$50 financial penalty for an unexcused Behind the Wheel absence. No fee for a classroom absence.

MCDS will pick up Rochester students at a predetermined location. Out of town students can arranged a suitable meeting location in advance of their session. Locations should be added in the *NOTES* box on the web based scheduler, or it can be emailed in. pick up and drop off locations do not have to be the same place.

Contracts are valid for 1 year after student receives their Instruction Permit. Extensions for another year are \$75.00 MN Instruction Permits are valid for 2 years.

REFUNDS will be issued in full if classes have not begun. After classes begin, refunds will be prorated depending on

the number of sessions attended. Students will follow the same behavior rules as Rochester School District #535 requires.

Class dates are subject to slight changes as we follow the school district calendar.

CLASS:	SEP 30-OCT 11	, 2024 CENTU	RY HS J	RM F-261	TIME: 3:45-6:45	<u>ópm</u>
PARENT/G	GUARDIAN:				<u>DATE:</u>	
STUDENT	· 				DATE:	
MCDS OF	FICAL:				DATE:	
		EDIT CARD#				
VISA	MASTERCARD	AMERICAN EXPR	ESS I	DISCOVER	PAYPAL	
		1/2 PAYMENT	FULL	PAYMENT		