

		formation				
		ction for the operation of a motor vehicle to:				
First Name:						
Street Address:						
City:	State:	Zip:	D	OB:	/	/
Current HS:		Student	Phone:			
Student Email:						
	Parent In					
Parent Name:		Parent Phone:				
Parent Email:						
	NJMVC Int	formation				
<b>Documents Submitted:</b> BC / PP	/ Other:	A	ll Documen	ts Retu	rned:	
Knowledge Test: HS Waiver / N	JMVC / DWE Corre	ective Lense:	<b>s:</b> YES / NO	Road	Test: Eli	te / Parents
Permit #:		Valida	tion #:			
Road Test Date:,	,	me:	Locat	ion:		
<ul> <li>Purchase of permit and de</li> <li>6 hours of Behind the whe</li> <li>Validation of permit @ MV</li> <li>\$10 NJMVC charge for permit</li> </ul>	ecals <b>(16-year-old s</b> eel instruction comp /C with road test dat <u>Fe</u>	leted in <b>3-2 l</b> te & time sch <b>ees</b>	<b>hour lesson</b> eduled		plate dec	cals
<ul> <li>\$475 for 6 hours behind         <ul> <li>Paid in full prior t</li> <li>Checks returned for any</li> </ul> </li> <li>Additional Services:         <ul> <li>\$85 per hour for additional</li> </ul> </li> </ul>	to or at the beginni reason will be ass	ing of first le essed a \$50.	00 service	fee.		
<b>Cancellation Policy:</b> <b>24-hour advanced notification for</b> This agreement is between Elite 1 agreements will be recognized. T and upon such rescission shall re Parent/Guardian Signature:	Driving Academy LL he student may resc ceive a refund for ar	C, the studen and the agree ay lesson or s	it and parent ement within service not co	t or guai n 72 hou	rdian and irs of the	first lesson
Elite Driving Academy LLC 172 Broadway Suite 214 Woodcliff Lake, NJ 07677		<u>elitedrivingacademynj@gmail.com</u> License #: DRS-000296 Office: 201-573-0502				