http://nebula.wsimg.com/da9c479cf2848c2d55594d672a0a3724?AccessKeyId=42E38C89C54C62D1E35C&disposition=0&alloworigin=1

**VAR**

**Vincent A. Royals**

**4601 Troy Highway**

**Montgomery, AL 36117**

***Phone (251) 442-7773***

***Logon: vardrive.org***

****

**Driving Academy, LLC**

**TEEN DRIVERS CONTRACT**

Student's Legal Name \*

School Attending \*

http://nebula.wsimg.com/c1469445a7f796b4c23ad8d5e054f863?AccessKeyId=42E38C89C54C62D1E35C&disposition=0&alloworigin=1 Grade \*

Date of Birth \*



VAR Driving Academy, LLC will exert its best efforts in teaching the student to meet the initial requirements of the Ala. Division of Driver’s License Examination. VAR Driving Academy LLC cannot guarantee that the student will successfully pass a Department of Public Safety (DPS) exam upon completion of the course.



This school is licensed by the State of Alabama, Division of Motor Vehicles.



Address \*



The State of Alabama request that all students enrolled in drivers safety classes receive at least 16/30 hours of classroom instruction and (6) hours of Behind the Wheel instruction. In regards to the classroom portion of the class, the student must be present for all class hours of instruction and receive a passing grade of 70% in order to receive a Driver Education Certificate from VAR Driving Academy, LLC. Upon passing the Behind the Wheel, the student/parent will receive a Personal Driving Plan (PDP) outlining strengths and weaknesses of the driver, student must complete 10hrs or more of BTW to receive a PDP. The PDP doesn’t certify the students as DRIVER.



Home Phone \*



Signature and Date of Student \*



Registration for the Classroom Instruction and/or Behind the Wheel Instruction must be paid before instruction begins. Payments accepted include: check, money orders, cash, or zelle. There will be a $40.00 service charge for all returned checks.



Mother's Cell \*



Other Numbers



Student's Cell \*



**Signature and Date of Parent/ Legal Guardian \***

****

**I (The Student) have read and agree to the conditions stated above \***

** Agree**

** Disagree**

**VAR Driving Academy, LLC makes every effort to accommodate students and their schedules. Pick up/drop off is available within the city of Montgomery, any place beyond the city will be assessed a small fee. VAR reserves the right to cancel or change schedules due to unforeseen circumstances such as weather, etc.**

****

**This agreement constitutes the entire contract between the school and the student, and any verbal assurances or promises not contained herein shall bind neither the school nor the student.**

****

**Cancellation of a driving session(s) must be made at least 24 hours in advance of the scheduled sessions. Cancellations within the 24-hour period of the session will be charged $50.00.**

****

**Parents/legal guardians and associated parties will be responsible for any damage to VAR Driving Academy, LLC materials and resources, including, but not limited to: classrooms, textbooks, resources, and automobiles other than the ordinary course of driving with an instructor.**

****

**Zip Code \***

****

**School Attending \***

****

**The school will not refund any tuition monies or any part thereof when actual services have been rendered.**

****

****

**Mother's Name \***

****

**City \***

****

**This contract must be signed by the student and parent/legal guardian and returned to VAR Driving Academy, LLC by the first day of class. Fees must be paid in full in advance or any classroom instruction and/or Behind the Wheel Instruction.**

****

**Father's Cell \***

****

**Father's Name \***

****

**VAR Driving Academy, LLC is not responsible for the future driving performance of students enrolled in this program.**

****

**Please list any medical, physical or mental health conditions which could be directly related to student’s performance in any aspect of the courses to be provided by VAR Driving Academy, LLC, including but not limited to diabetes, epilepsy, amputation, paralysis, hearing impairment, eye disease, corrective lenses, attention deficit disorder, and learning disabilities. If none, type \***

****

**Mother's Email \***

****

**Under this agreement, an instructor may not provide behind-the-wheel training to more than one**

**Individual students.**

****

**Father's Email \***

****

**I (The Parent/Legal Guardian) have read and agree to the conditions stated above \***

** Agree**

** Disagree**

**Has the student ever suffered from a seizure disorder, diabetes, heart trouble, paralysis, fainting, dizzy spells, or experienced problems with narcotics, other drugs, or intoxicating liquor or received treatments for substance abuse? \***

**If you answered yes to any of the above questions, please list problem and date of last occurrence.**

****

**Refund Policy:**  We are happy to refund tuition for classroom instruction, minus a $10 processing fee, if you have cancel classes two full days prior to the first class meeting.  If a request for a refund is made less than two working days prior to the first class, the student will receive a refund equal to 50% of the paid class tuition.  If a student cancels a Behind the Wheel session at least 24 hours before a scheduled appointment, the session will be refunded minus $50.00.  If a Behind the Wheel Session is cancelled less than 24 hours before the scheduled appointment, no refund will be provided.

  **STATE FRAM INS** 

**Bonded, Insured, and Licensed by the State of Alabama.**