



Cancellation Policy

Purpose

The purpose of this policy is to outline that Kali Driver Training is committed to its schedule of undertaking driving lessons and want to maintain their high level of customer service in Western Australia.

1. We respect your time and we expect the same in return!

We respect your time and all we ask is that you also respect ours! Notifying me of your intention to cancel or reschedule in advance provides me an opportunity to schedule someone else for that time slot. This is important as we may have some students on a waiting list or students wanting to reschedule their appointment to a different time. As much Advance Notice as possible is greatly appreciated.

**IF YOU CANCEL YOUR APPOINTMENT WITH LESS THAN 48 HOURS NOTICE....
YOU WILL BE CHARGED FOR THE MISSED APPOINTMENT.**

2. At Kali Driver Training, we strive to provide the best learning experience for our students. To ensure a smooth scheduling process, we have established the following cancellation policy:****Lesson Cancellations:****
 - Students must provide a minimum of ****48 hours' notice**** if they wish to cancel or reschedule a driving lesson.
3. - Cancellations made with less than 48 hours' notice will incur a fee equal to the cost of the scheduled lesson.
4. 2. ****PDA (Practical Driving Assessment) Cancellations:****
 - For cancellations related to the Practical Driving Assessment (PDA), students must give at least ****one week's notice****.
 - Cancellations made with less than one week's notice will result in a fee equal to the cost of the PDA.
5. 3. ****Exceptions:****
 - We understand that emergencies can arise. In such cases, please contact us as soon as possible to discuss potential exceptions to this policy.
6. Contact Information:******
 - To cancel or reschedule a lesson or PDA, please contact us at [insert contact information].
7. By scheduling a lesson or PDA with Kali Driver Training, you agree to abide by this cancellation policy.
8. Thank you for your understanding and cooperation!

CANCELLATION POLICY STATEMENT ACKNOWLEDGEMENT

I _____, hereby have fully read and understood the Cancellation Policy Statement administered by KDT and agree to the terms as contained herein.

_____	_____	____/____/____
PRINT NAME - Student	SIGNATURE - Student	Day Month Year

As Parent / Guardian of _____, I understand the Cancellation Policy Statement and realise that if my child does not provide the relevant notification period full costs will be payable by my son/daughter within seven days of invoice receipt.

_____	_____	____/____/____
PRINT NAME - Parent/Guardian	SIGNATURE - Parent/Guardian	Day Month Year