

MED CITY DRIVING SCHOOL

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

FOR OFFICE USE ONLY:

CONTRACT #25-____
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 DPS approved Driver's Education Training & 6hrs of Behind The Wheel Training for a fee of \$400.00.
Minimum payment of \$200.00 due 1st day of class. Balance due final day.
Contracts are valid for 1 year after student receives their Instruction Permit
Behind the Wheel sessions are to be spaced out during the permit phase. No less than 30 days in between.
MCDS will pick up Rochester students at a predetermined location. Locations should be added in the *NOTES* box on the Square Appointments calendar or it can be emailed to us. Pick up and drop off locations do not have to be the same place.
Parents need to notify MCDS of a student's absence for a BTW training within a 24hr time period to avoid a \$50 financial penalty for an unexcused absence.
REFUNDS will be issued in full if classes have not begun.
Class dates/times for in high school sessions are subject to slight changes as we follow the school district calendar.

CLASS: AUGUST 4-15, 2025 3705 FAIRWAY PL NW TIME: 9:00-Noon

PARENT/GUARDIAN: _____ DATE: _____

STUDENT: _____ DATE: _____

MCDS OFFICAL: _____ DATE: _____

PAYMENT: CASH___ CHECK#_____ CREDIT CARD#_____ EXP_____

VISA MASTERCARD AMERICAN EXPRESS DISCOVER PAYPAL
___1/2 PAYMENT __FULL PAYMENT