

MED CITY DRIVING SCHOOL

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

FOR OFFICE USE ONLY:

CONTRACT #27____
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. Minimum payment of \$200.00 due by the day of class and the balance must be paid in full on the last day of class for the student to be able to take the Instruction Permit Exam.

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 as the class can be made up at later date.

MCDS will pick up BTW(ONLY) Rochester students at a predetermined location. Out of town students can arranged a suitable meeting location in advance of their session.

Pick up and drop off locations can be added in the *NOTES* box on the web based calendar, or they can be emailed in. 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: JANUARY 4-15, 2027 CENTURY HS RM F-261 TIME: 3:45-6:45pm

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