

# MED CITY DRIVING SCHOOL

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

FOR OFFICE USE ONLY:

CONTRACT #26-\_\_\_\_  
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 3-14th, 2026      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