## MED CITY DRIVING SCHOOL

P.O. Box 6914 Rochester, MN 55903 medcitydrivingschool@yahoo.com 507-289-2088

NAME:\_

FOR OFFICE USE ONLY:

CONTRACT #24\_ EXPDATE-\_\_\_\_

## ADULT/STUDENT BEHIND THE WHEEL ENROLLMENT FORM

	FIRST	MIDDLE	LAST	DOB	
ADDRESS:	STREET	CITY	STATE	ZIP CODE	
CONTACT:	PHONE #1	PHONE #2		EMAIL ADDRES	SS
Driver's Behi Appointment Parents/Adul \$50 financial MCDS will promeeting locat Pick up/drop Contracts are adults. Exten MN Instructi REFUNDS w	and the Wheel trainings are set up on-line at a lt Drivers need to not penalty for an unexcick up Rochester drivation in advance of the off locations do not he valid for 1 year after a sions for another year and permits themselves.	used absence. ers at a predetermined ir session. Locations can ave to be at the same plant the student receives the are \$75.00. es are valid for 2 years. session have not begun	than 3-4 weeks be for a BTW trainal location. Out of to be added in the ace.  The interpretation is the ace.  The interpretation is the ace.	ditional hours) between sessions ing session in a r own students car *NOTES* box of	reasonable time to avoid a n arranged a suitable
PARENT/	GUARDIAN:				
STUDENT:				DATE:	
MCDS OFFICAL:				<u>DATE:</u>	
PAYMENT: CASH CHECK# CREDIT CARD#					EXP
VISA	MASTERCARD	AMERICAN EXI	PRESS DIS	SCOVER	PAYPAL
		1/2 PAYMEN	TFULL PA	AYMENT	