

MED CITY DRIVING SCHOOL

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

FOR OFFICE USE ONLY:

CONTRACT #23 _____
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(\$25 discount if Paid-In-Full) Minimum payment of \$200.00 due 1st day of class. In order for the student to receive the Course Completion Card(BLUE CARD) the balance must be paid in full on the last day of class.

Parents need to notify MCDS of a student's absence for BTW training within a 24hr time period to avoid a \$50 financial penalty for an unexcused absence. No fee for a classroom absence. Students can make the missed time up at another session.

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. 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. MCDS 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 so your student has plenty of time to complete their full training. 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/times for in high school sessions are subject to slight changes as we follow the school district calendar.

CLASS: JUNE 12-23, 2023

CPC GREAT ROOM

TIME: 1:00-4:00pm

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