

MED CITY DRIVING SCHOOL

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

FOR OFFICE USE ONLY:
CONTRACT #22____
EXPDATE:_____

STUDENT BEHIND THE WHEEL 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 6 hours of Behind the Wheel Driver’s Training for a fee of \$240.00(\$50.00 for single hour sessions)using strategies and guidelines established by the MN Department of Public Safety Driver & Vehicle Services-Driver Education Division.

Med City Driving School has an additional safety policy:
BTW sessions are to be spaced 3-4 weeks minimum apart to ensure students have adequate time to practice taught skills and show improvement. Students must have valid MN Instruction Permit with them.
Med City Driving School will pick up and drop off students inside Rochester city limits. Students living outside city limits will work with Med City in finding an alternative meeting location.
Med City Driving School training cars will be used for the sessions.

Sessions are 2 hours long(State Maximum Allowed) unless single hour appointments are requested.
Students who are sick or have been exposed to someone sick, should reschedule their sessions.

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