## MED CITY DRIVING SCHOOL

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

<u>FOR OFFICE USE ONLY</u>
CONTRACT#25
EXPDATE-

## STUDENT BEHIND THE WHEEL ENROLLMENT FORM

NAME:					
F	TRST	MIDDLE	LAST	DOB	
ADDRESS:					
STREE	TΓ	CITY	STATE	ZIP CODE	
CONTACT:PH(	ONE #1	PHONE #2		EMAIL ADDRESS	
hour additional hour Appointments are se Parents/Adult Driver a \$50 financial penal MCDS will pick up Remeeting location in a Pick up/drop off locate Contracts are valid for adults. Extensions for MN Instruction Pern	resota based and a s) If scheduled from as need to notify M ty for an unexcuse cochester drivers a dvance of their se tions do not have to or 1 year after the or another year are nits themselves are sued in full if sess	our website and need absence at a predetermined session. Intown locate to be at the same place student receives the \$75.00 and must be valid for 2 years.	ed to have no less to for a BTW training location. Out of town took can be added ace.  The instruction Perfore applied before the second contract of the second	chan 30 days in between g session in a reasonable on students can arrange in the *NOTES* box on the first contract expires. The egins, refunds will be proposed to the proposed to the start of the egins, refunds will be proposed to the start of the egins.	n sessions.  le time to avoid  ed a suitable  r-line.  f the contract for
PARENT/GUARI	DIAN:			DATE	<u>.</u>
STUDENT:				DATE:	,
MCDS OFFICAL	,:			DATE:	
PAYMENT: CASH (	CHECK# CRED	OIT CARD#		EXP	
VISA MA	STERCARD	AMERICAN EXP	PRESS DISC	COVER PAYP.	AΙ

\_\_\_1/2 PAYMENT \_\_FULL PAYMENT