

# MED CITY DRIVING SCHOOL

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

FOR OFFICE USE ONLY:

#25\_\_

EXP:\_\_\_

## ONLINE DRIVER'S EDUCATION 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 Online Driver's Education Training and 6-hours of Instructor Guided Behind the Wheel training for a fee of \$400.00.

Classroom only \$200.00. Behind the Wheel only \$300.00.

The content of which has been created by SomaStream Interactive and is approved by the Minnesota Department of Public Safety for the purposes of providing Minnesota based on-line driver's education in compliance with Minnesota Statutes and Rules 7411.

The program is self-paced, however students under 18yrs old are limited to no more than three hours of classroom study per day. The program is divided into 11 sections with a quiz at the end of each section. Students must pass the quiz(70% or higher) in order to move to the next section. After completing all required sections, students must pass a final exam(70% or higher) of 25 questions.

Students who have successfully completed the 30hr on-line classroom driver education course will receive a letter of completion and can look to enroll in a behind the wheel training program.

Students must be enrolled in a professional behind the wheel training program before they can receive the Blue Card needed to take the Minnesota Instruction Permit exam.

Minnesota Instruction Permits are valid for 2 years. It is during this time students should be completing their required behind the wheel hours.

REFUNDS will be issued in full only if classes are canceled before training has begun. Students have 90 days to complete the on-line course.

30hrs ONLINE CLASSROOM & 6hrs BTW \$400.00

30hrs ONLINE CLASSROOM ONLY \$200.00

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