

**Print name as shown on Birth Certificate	e, Permit, or State issued ID.				
Student's Name:	Date	of Birth:	_ Age:	_ Ph#:	_
Street Address:	City:		State:	Zip Code:	_
HS: Beginner's Pe			Issu	e Date:	_
Email:					_
Parents/Guardian Name and Cell number	:				_
TERMS OF CONTRACT The parent or guardian authorizes the stumotor vehicle operator's license. The stu The date for this course is	dent must be at least 15 years	old by the beginning of class  This course considered Avenue, Seneca, SC,	verification b sts of <u>8 hou</u> 29678. BT	y birth certificate required). <u>urs</u> classroom instruction and W instruction can start from t	6 hours of Behind the he student's school or
8 hours (one day instruction) & 6			Road Tes		•
hours of Behind the Wheel (BTV	V only) @ \$45 per hour		Other Sei	rvice (Ex. Knowledge Test \$25.00)	, Pickup Fees)
The course fee of \$300.00 (in cl Pickup fees are \$5 (10 miles or money order, credit card (with fe instruction must be completed w	ess one way), \$30 (11 e), or Zelle ( <u>3co2me@</u>	- 25 miles one way), or	\$35 (26 -	50 miles one way) We acc	ept cash, check,
Refund Policy					
f a student is unable to begin th from a class or BTW training aft days. If a student no longer wa administrative fee. A student m forfeit 1 hour of BTW training an	er it has started, they wi nts to continue the BTV ust cancel a scheduled	ill be allowed to enroll in V training after it has sta BTW sessions prior to	n the next of arted, they 3 hours of	class or reschedule the BT will be reimbursed their fe	W training within 30 es minus a \$50
BY SIGNING BELOW, I AGREE THAT I HAVE F	EAD AND UNDERSTAND THE PRO	OVISIONS OF THIS CONTRACT.			
STUDENT'S SIGNATURE	DATE	PARENT/GUARDIAN SIGNATU	RE	DATE	
SCHOOL OWNER/ INSTRCTOR/ REPRSENTATI	VE DATE	PAYMENT RECEIVE	ED .	METHOD	
The State of South Carolina requires a pa S GRANTED.	rent or guardian's permission	to allow the student to drive al	one with the i	instructor. PLEASE SIGN BELOW	IF THIS PERMISSION

PARENT/GUARDIAN SIGNATURE

DATE