Student Application Form

This application must be accompanied by a $100.00 non-refundable deposit

Session:
 357-26 358-26 359-26 360-26 361-26 362-26 363-26 364-26 365-26 366-26 367-26 368-26 369-26 370-26

Start Date: _____ **End Date**: _____ **Start Time**: _____ **End Time**: _____

Student Information:

Please Print Legibly: First   MI   Last   M / F

Name
_____

Address_____

City_____State_____ Zip_____

Home #_____ Student Cell # _____

School you are currently attending_____

Date of Birth _____ - _____ - _____ Email Address_____

Parents/Guardians Information: Father and Mothers Name (Please Print Legibly)

Name_____

Address_____

City_____State_____ Zip_____

(Mothers)Cell #: _____ (Fathers)Cell #: _____

Email Address_____

We the undersigned promise to pay the sum of **Four hundred fifty dollars and no cents** ($450.00) or remaining balance to All Four Wheels **by the end of the classroom session** in which my son/daughter is scheduled. If any outstanding fees cannot be made by the end of the classroom session, a Fifty Dollar ($50.00) handling fee will be added to the balance and further payment arrangements must be made with our office. By signing this form, it is agreed that any delay or lack of full payment will result in a similar delay or loss of behind-the-wheel driving instruction, furthermore, the processing of the Letter of Completion which is the official form necessary for the student to obtain his/her driver's license will not be completed.

There will be a $35 service charge on all returned checks. There will be a $125.00 reinstatement fee for students that do not complete their classroom/behind the wheel instruction within nine months from their original start date. Prices/Terms are subject to change without notice. If you cancel less than 48hrs prior to your driving time, a charge of $55.00 will be applied. A one-time maintenance fee of $30.00 will be charged on your first behind the wheel session.

Signature of student: _____ Date: _____

Signature of parent: _____ Date: _____

OFFICE USE ONLY:
Payment Type: CA MO Check#_____ Date Received: _____ Amount Paid: _____ PIF

Balance Amount: _____

Payment Type: CA MO Check# _____ Date Received: _____ Amount Paid: _____