

Last Name	First Name	MI
	Date of Birth	
Mailing Address		
City/State/Zip	Email	
Parish	Phone Number(s)	T-Shirt Size
CDL Truck Driver	y-Level Truck Driving Course - 80 Hours [.] Refresher Training Course - 40 Hours (<i>No In-Hou</i> rials (HazMat) Training Course - 8 Hours (<i>No Fina</i>	•
Scheduled Start Date PAYMENT CHOICE:	Scheduled End Date_	
	IENT (\$) – STUDENT promises to pay a before the Scheduled Start Date of the enrolled of	
	CING* (\$ total) – STUDENT elects the F DENT promises to pay a deposit in the amount of Date of the enrolled course as indicated above a	f \$ before the
Scheduled Start Financed Tuition	n total in monthly installments in the ar ue on Last payment due	mount of \$each

Refund Policy & Right to Cancel

Three Business Day Cancellation (Before Commencement of Classes by the Student):

I understand that if for any reason I am unable to enter a training program, all monies paid will be refunded if requested within three (3) business days after signing an enrollment agreement and making an initial payment.

After Three Business Day Cancellation Period but Before Commencement of Classes by the **Student:** All tuition and fees collected in advance of entrance, and if the student does not begin classes, not more than a \$150.00 registration fee shall be retained by the school. All refunds for a student who does not begin classes will be made within 30 days of the notice of cancellation.

STUDENT ID

TO BE COMPLETED BY OFFICE STAFF

I understand that the **Withdrawal After Commencement of Classes Refund Policy** shall be: 1. After the student has completed less than 15% of the course, the school shall refund 80% of

- the tuition, less registration fee, thereafter,
- 2. After the student has completed less than 25% of the course, the school shall refund 70% of the tuition, less the registration fee, thereafter,
- 3. After the student has completed 25% but less than 50% of the course, the school shall refund 45% of the tuition, less the registration fee, thereafter,
- 4. After the student has completed 50% or more of the course, the school shall retain 100% of the course tuition.

The Enrollment & Tuition Payment Agreement is a contract between the STUDENT and Advanced Truck Driving School & Safety Services, LLC. Every student is required to complete, sign, and return this form to the school office as a condition for consideration of acceptance as a student. Under this contract, it is the primary responsibility of the STUDENT to pay all tuition and fees due to Advanced Truck Driving School & Safety Services, LLC. Satisfactory arrangements for the payment of the total charges for the tuition and fees of any training course MUST be made prior to the first scheduled start date of classes as stated above.

The Financed Payment Plan is an optional convenience offered to students. Under any Financed Payment Plan, all payments/installments are due and payable in full by the LAST day of each month and become delinquent 10 days after they are due. Delinquent accounts are subject to a late charge of one percent (1%) of the past due amount each month the account is delinquent. By signing this Tuition Payment Agreement, the STUDENT agrees to pay all reasonable collection costs, including reasonable attorney fees and collection agency fees, incurred to collect any delinquent accounts. In the event of withdrawal from any course, refunds will be made in accordance with the Cancellation Policy stated above.

I certify that I have received a copy of the school student catalog & handbook that contains:

My program outline, schedule of tuition and fees; the refund policy; regulations pertaining to the rules of operation and conduct; attendance, absence, and tardy policy; grading policy; description of job placement assistance; and general information. I understand it is my responsibility to read carefully all the information contained in the school catalog. I further certify that I have received and read a copy of this Enrollment & Tuition Payment Agreement and understand it is subject to representation as expressed herein. I agree to comply with these policies during my period of enrollment in the course indicated above.

STUDENT SIGNATURE

Date

Date

SCHOOL REPRESENTATIVE

Advanced Truck Driving School & Safety Services, LLC must be informed immediately in writing at the address above or via email of any changes to the billing name, address, or phone number. Advanced Truck Driving School & Safety Services, LLC or the STUDENT may cancel this Agreement by giving written notice of cancellation/withdrawal. Refunds will be made in accordance with the policy stated above and in the Advanced Truck Driving School & Safety Services, LLC or Safety Services, LLC Catalog & Student Handbook.



Advanced Truck Driving School & Safety Services, LLC advancedtruckingschool@gmail.com 2804 West Admiral Doyle Drive New Iberia, Louisiana 70560 www.advdriving.com 337-300-2933

	Supplemental Enrollment Questionna	ire	
	(HazMat Students DO NOT Complete)	STUDENT	D
Date			
Last Name	First Name		MI
SS#	Date of Birth		Age
Present Address	dressParish		
City/State/Zip	How	How long at this address?	
Previous Address			
City/State/Zip	How	long at this ac	ldress?
Phone Number(s)			
Email	US Citizen:	⊐Yes □No	Sex: Male Female
Race (For Department of Labor	tracking only – Please use the following codes: 1) Asian/Pacific Island	ler, 2) American	Indian/Alaskan Native,
3) Black, Non-Hispanic, 4) Hispanic, 5) Na answer/Unknown, 9) Two or more Races	tive Hawaiian or Other Pacific Islander, 6) White, Non-Hispanic, 7) Fo	oreign/Non-Resid	lent Alien, 8) Prefer not to

How did you hear about Advanced Truck Driving School & Safety Services, LLC? ______

Why are you interested in becoming a Professional Truck Driver? ______

Driving Record		
What class is your current driver's license? License # & State	_ YES	NO
Have you ever held a driver's license in another state? If yes, what state(s)?		
Has your license ever been suspended, canceled, denied, or revoked in any state?		
Have you had any moving violations, speeding tickets, or accidents (regardless of fault) in the last 5 years?		
Do you currently have any outstanding tickets in any state that you are aware of?		
Have you ever been convicted of reckless or careless driving?		
Have you ever been convicted of driving with a suspended or revoked license?		
Have you ever been convicted of a DUI/DWI?		
Do you have any pending motor vehicle-related charges?		
How many accidents/incidents, if any, have you had in the last 5 years? * Ple	ase explain	below
How many convictions (tickets), if any, have you had in the last 5 years? *Ple	ase explain	below
If you answered any of the above driving record questions, please explain:		

Health Questionnaire

Date of current DOT physical	_ Expiration Date	YES	NO
Do you have any physical defects?			
Do you have any concerns passing a drug screen?			
Is there anything, to your knowledge, that may prevent you	I from passing a physical?		
If you answered YES to any of the above health questions,	blease explain:		

Job Interest Questionnaire (Please complete this section <u>ONLY</u> if you are interested in Job Placement Assistance)

(incuse complete this section <u>over</u> in you are interested in job indeement)

What types of driving jobs would you be interested in upon course completion? (<i>Please check all that apply</i>)		
Local		Please give more details here:
Regional		
Over-the-Road (Long Haul)		
Other		

If available, could you accept employment within 2 weeks after course completion?
□ Yes □ No

Education & Military Experience

(Please complete this section **ONLY** if you are interested in Job Placement Assistance)

Are you a high school graduate or do you have a GED? Yes - Year	🗆 No - highest grade completed
Have you ever attended college, business, trade, or technical school? Que Yes	□ No If yes, where, when, for how long, and
what degree, diploma, or certification did you earn, if any?	

Did you serve in the military?	lo If yes, what branch?	
Were you discharged for any reason other	than honorable discharge? \Box Yes \Box No If yes, reason:	
Rank at discharge	Served from	to

Criminal Record

(Please complete this section ONLY if you are interested in Job Placement Assistance)	YES	NO
Do you have any criminal charges currently pending?		
Have you ever been convicted of any criminal charges?		
Have you ever been convicted for possession, sale, or use of narcotics or drugs?		
Have you ever been convicted of a felony?		

 <u>+</u>

Employment History

(Please complete this section if you are interested in Job Placement Assistance AND if applying for In-House Financing)

Past Employer(s): Please list all positions for the last five years starting with present employer. (Employers will NOT be contacted.)

1)Present Employer		How long employed?
Address/City/State/Zip		
2)	_ How long?	_ Reason for leaving
3)	_ How long?	_ Reason for leaving
4)	_ How long?	_ Reason for leaving
5)	_ How long?	_ Reason for leaving
Were you terminated from any job in the part	st 3 years? □Yes □No If y	ves, explain:

Have you ever tested positive for drugs or alcohol?

Yes
No If yes, explain: ______

Present Financial Situation (Please complete this section <u>ONLY</u> if applying for In-House Financing)				
Do you? Own a home	relatives 🗆 Other If other, ple	ase explain:		
How do you estimate your credit rating over the last three years? Excellent Good Fair Poor				
Your current total monthly income Source(s) of Income				
Are you? Single Married Divorced	□ Separated □ Widowed			
If married, spouse's name Age				
Spouse's employer	How long?	Monthly Wages		
Do you have children under the age of 21? \Box Yes \Box No \Box If yes, how many?				

Release of Information

Do you authorize Advanced Truck Driving School & Safety Services, LLC to forward information from this application and/or other school records to prospective employers?
Q Yes Q No

I hereby declare that all information I have provided is true to the best of my knowledge. Falsifying information on any official school forms will result in termination from the enrolled training program.

STUDENT SIGNATURE

Date



STUDENT ID

Motor Vehicle Report (MVR) Consent Form

I,, aut	thorize Advanced Truck Driving
School & Safety Services, LLC to obtain my Motor V my application for	
Driver's License #:	
State DL Issued in:	
Date of Birth:	
Social Security #":	
Student's Signature	Date



Photo Release Form

STUDENT ID	
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Advanced Truck Driving School & Safety Services, LLC takes a photo of each student upon graduation to include on the "Our Graduates" display located in the school lobby. Images may be used in print publications, online publications, presentations, websites, and social media. No royalty, fee, or other compensation shall be payable by reason of such use. Please indicate your choice concerning the use of your photo by initialing next to the appropriate statement:

Advanced has my permission to use my photo in all the above listed capacities

_____Advanced has my permission to <u>ONLY</u> display my photo in the school lobby

_____Advanced <u>DOES NOT</u> have my permission to use my photo in any of the above capacities

Student's Printed Name

Student's Signature

Date