

Drive Well Driving School

44297 Pawnee Ter, Ashburn, VA 20147

Contact: 202-390-1491

Contract

The agreement is entered into this _____ day of _____, 20____ between Drive Well Driving

School and the Student: _____ . ___/___/____

(full name)

(DOB)

Course Description: The Virginia State Driver's Education Program consists of two phases. For teenage students the in-care phase consists of a minimum of seven periods of actual driving, and seven periods of observation. Normally two periods of instruction are given during each session. Each period of instruction is 50 minutes of driving and 50 minutes of observation. Students 17 years of age and under are required to complete 36 hours of a State Approved Driver's Education program prior to receiving their driver's license.

Drivers Education Program: Student 18 years of age and under & older are required to complete a state approved drivers education program prior to receiving a driver's license, student 18 years of age and older may hold the learners permit for 60 days in lieu of completing a driver training course, however the permit may be held less than 60 days upon completion of a state-approved driver education program. The program consists of 36 fifty-minute classroom periods of instructions and 14 fifty-minute periods in-car instruction (7 periods of driving and 7 periods of observation)

Attention: Drive Well driving school does not offer classroom instructions.

Fees:

Behind the Wheel license Course – The fee for in-car instruction is- \$325.00

50 min driving, 50 min Observation per day

Adult waiver course - Adult driver license 60 days waiver - \$ 350.00

50 min driving, 50 min Observation per day

Adults-The fee for in-car instruction is -\$50.00/hour

Teens/Adults - 5 days course 80min each lesson for - \$335.00

Adults–The fee for each trip to the DMV road test-\$160.00

In-Car Tuition is paid in advance of instructions. There will be a\$35 fee for any returned checks- The returned check fee doubles if payment arrangements are not made within a week of notification.

Refunds: Refund request must be submitted in writing. If instruction is discontinued for any reason tuition fee will be calculated for the past session and the balance will be paid within 4 weeks.

Lesson Cancellation: Students must cancel reschedule in-car lesson at least 24 hours in advance or subject to \$35 Fee. The school will inform the student any cancellation or rescheduling at least 24 hours in advance.

Replacement of Completion Paper: There will be a \$35 fee for our time to replace any completion documents.

Disclosure: Driving School does not guarantee that after taking in instruction the student will pass the state license examination or that the student can secure a license, or that the student will be guaranteed employment upon completion of the course.

DMV: is committed to promoting transportation safety through the certification of driver's training programs. If you have any comments or concerns about this course, call the Virginia Department of Motor Vehicles for toll free at 1 -877-885-5790

Important: Drive Well recognizes that we are going through a very critical time where we have been ordered to adopt to social distancing to avoid spread of corona virus among community residents.

Drive Well driving school has been extremely cautious in making decisions regarding the continuation of the business during this time of emergency.

Drive Well driving school assures that it has adopted huge if practices to keep the interior of the car clean so that the students feel safe while taking driving lessons.

Drive Well driving school, however, would like to let parents know that they are aware of the risk that they are taking by consenting to send their kids to take driving lessons from Drive Well driving school instructors.

By signing this form, I hear by release Drive Well driving school from all liability for any and all injuries and infections arising while taking driving lessons during this time of corona virus emergency and social distancing period announced by authorities.

Does the student have any physical or mental disabilities? (If so please describe) _____

Does the student have any special needs? (If so please describe) _____

Student Name: ----- Start Date: -----

Address: -----

Student Signature: ----- Date: ----/-----/-----

Parent Signature: ----- Date: ----/-----/-----

Representative Signature: ----- Date: ----/-----/-----