

Drive Well Driving School
44297 Pawnee Ter, Ashburn, VA 20147
Contact: 703-817-5047
Contract Agreement

This Agreement is entered into this _____ day of _____, 20____, between Drive Well Driving School and

the student: _____ Date of Birth: ____/____/_____
(Last Name) (First Name) (Middle Name)

Address: _____ City: _____ Zip: _____ Phone: _____

Course Description:

The Virginia State Driver’s Education Program consists of two phases. For teenage students, the in-car phase comprises at least seven periods of actual driving and seven periods of observation. Each period of instruction consists of 50 minutes of driving and 50 minutes of observation. Students aged 17 and under must complete 36 hours of a State-Approved Driver’s Education program before obtaining their driver's license.

Drivers Education Program:

Students aged 18 and under must complete a state-approved driver's education program before obtaining a driver’s license. Students aged 18 and older may hold the learner's permit for 60 days instead of completing a driver training course. However, the permit duration may be less than 60 days after completing a state-approved driver education program. The program includes 36 fifty-minute classroom periods and 14 fifty-minute in-car instruction periods (7 periods of driving and 7 periods of observation).

Fees:

Please note that scheduling and pricing may change without prior notice.

Behind The Wheel Teens	Behind The wheel Adults	Re-Examination Course	One-On-One Training Courses
\$375	\$375	\$400	Range 85-\$2560

Payment Terms:

In-car tuition is payable in advance of instructions. A \$35 fee will be charged for returned checks, which doubles if payment arrangements are not made within a week of notification.

Refunds:

Refund requests must be submitted in writing. If instructions are discontinued, the tuition fee will be calculated for the past sessions, and the balance will be paid within four weeks.

If a student stops the sessions and does not contact us for further assistance after 30 days, the remaining classes will be canceled, and the Driving school will no longer issue a refund.

Lesson Cancellation: Students must cancel and reschedule in-car lessons at least 24 hours in advance or be subject to a \$40 Fee. If the school cancels a driving session, the student will be notified by text or phone.

Initials Here: _____

No-Show Policy: The fee will be forfeited if a student does not attend a scheduled lesson without prior notice.

Student Requirements: Students must hold a valid learner's permit or driver's license and bring it to each lesson. If a student does not have a learner's permit or license, we will not provide a lesson and \$40 will be charged to reschedule that lesson.

Replacement of Completion Paper: A \$35 fee will be charged for our time to replace any completed documents.

DMV: is committed to promoting transportation safety by certification of driver's training programs. If you have any comments or concerns about this course, call the Virginia Department of Motor Vehicles toll-free at 1 -877-885-579

Disclosure:

Drive Well Driving School does not guarantee that after taking instruction, the student will pass the state license examination, secure a license, or be guaranteed employment upon course completion. By engaging in driving sessions with Drive Well Driving School, the student accepts full responsibility for any injuries, damages, or losses incurred during the sessions. Drive Well Driving School, and its instructors are not liable for such incidents.

Drive Well Driving School is not responsible for the unlawful actions of the student.

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

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

By signing below, I consent to having read the entire contract. Also, I confirm complete understanding and agreement to all policies, terms, and conditions in this contract.

-Student Signature: (If above 18) ----- Date: -----/-----/-----

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

-Driving School Representative Signature: -----Date: -----/-----/-----

Administrative Use Only

Enrolled Program _____ Price: \$ _____

Payment Method: _____ Received By: _____

Paid: \$ _____ Date: ___/___/___ Owe: \$ _____