

**ROCK VALLEY DRIVER SCHOOL
STUDENT CONTRACT**

14 S. RIVER STREET, JANESVILLE, WI 53548
608.754.8768
608.676.5800

DATE

CONTRACT #

APPLICATION AND AGREEMENT FOR DRIVER EDUCATION AND TRAINING AS REQUIRED BY THE STATE OF WISCONSIN SET FORTH UNDER PROVISIONS OF SECTION 343.71(3) OF THE MOTOR VEHICLE CODE.

I (We) hereby make application to Rock Valley Driver School for Driver Education and Training. I (We) agree to pay a fee as follows:

- Teenage Driver Education Course 42 Hours
Includes 30 hours of Classroom Instruction & 12 hours of Behind-the-Wheel/Observation Instruction (6 lessons/2 hrs)
- Online Teenage Driver Education Course 42 Hours
Includes 30 hours of Online Instruction & 12 hours of Behind-the-Wheel/Observation Instruction (6 lessons/2 hrs)
- Online Classroom Training 30 Hours
- Individual Behind-the-Wheel Lessons Per Hour
- Failure to Yield/Right Away Course 2 Hours
- Refresher Course 10 Hours

This school will not refund any tuition or part of tuition if the school is ready, willing and able to fulfill its part of the agreement. There will be a **\$50 No Show Fee Charge** for all scheduled appointments missed without a 24 hour notice, with Saturday, Sunday, and Monday appointments cancelled by 12 PM on Friday. This fee also applies if student does not have permit on them at the start of scheduled behind-the-wheel lessons.

STUDENT NAME (PRINT)	<input type="text"/>	STUDENT BIRTHDATE	<input type="text"/>
PARENT/GUARDIAN NAME	<input type="text"/>	PARENT/GUARDIAN SIGNATURE	<input type="text"/>
ADDRESS OF STUDENT	<input type="text"/>	SCHOOL YOU ATTEND	<input type="text"/>
SCHOOL REPRESENTATIVE	<input type="text"/>	INITIAL PAYMENT	<input type="text"/>
		RECEIPT #	<input type="text"/>
EMAIL ADDRESS	<input type="text"/>		
PHONE	<input type="text"/>	ALT PHONE	<input type="text"/>
		STUDENT CELL	<input type="text"/>

STUDENT SIGNATURE _____