## **Drive Safe Driving Academy, LLC** 911 Highway 1 South Lugoff, SC 29078 Ph(803)438.9437 Fax(803)408.0802 www.drivesafe911.com

## **Drivers Education Contract**

Student's Name:		DOB:	Phor	ne:	
Primary Home Address:		City	Zi	Zip code	
Secondary Addre	Secondary Address, if any		nit #	Issue Date:	
*Do you live with	in 25 miles of our office? Ye	es No If no, p	olease add \$30 fee t	o the cost of the course.	
Father's Name: _		Contact Num	ber:	Email:	
Mother's Name:		Contact Numb	oer:	_Email:	
Preferred method	d of contact: Phone	_Text Ema	il		
Who is authoriz	ed to schedule driving se	ssions? Mother	_ Father Stud	lent	
wheel instruction		ns to these State Re	quirements. Stude	ction and six (6) hours behind-the- ents who do not complete these	
<ul><li>Beginne</li><li>8 hours</li><li>6 hours</li></ul>	ent course includes: er's Permit test, if needed of class instruction behind-the-wheel training License Exam @ Drive Sa		0		
*Additional and Miscellaneous Services  • Beginner's permit test only \$25.00  • 2 hour behind the wheel session (minimum) \$90.00  *Please talk to our staff about any additional services needed.					
Disclaimer: We cannot guar	antee or assure success i	n receiving a South	Carolina Driver's	License.	
I acknowledge t	hat I have received a copy	of the Rules, Regu	lations & FAQ		
Parent Signature	<u> </u>	S	tudent Signature		
For office use an	he.				
For office use on Date	Amount Pd	Receipt #	Method	Balance	
Date	Amount Pd	_ Receipt # Receipt #	Method	Balance	
Date	Amount Pd	_ Receipt # Receipt #	Method Method	Balance	
Date	Amount Pd	Receipt #	Method	Balance	