



Drive Safe Driving Academy, LLC
911 Highway 1 South Lugoff, SC 29078
Ph(803)438.9437 Fax(803)408.0802

Drivers Education Contract

Student's Name: _____ DOB: _____ Student's Contact: _____

Primary Home Address: _____ City _____ Zip code _____

Secondary Address, if any _____ City _____ Zip code _____

*Do you live within 25 miles of our office? Yes ___ No ___ If no, please add \$30 fee to the cost of the course.

Mother's Name: _____ Contact Number: _____

Father's Name: _____ Contact Number: _____

Preferred method of contact: Phone _____ Text _____ Email _____

Who is authorized to schedule driving sessions? Mother ___ Father ___ Student ___

The Drivers Education Program consists of eight (8) hours in classroom instruction and six (6) hours behind-the-wheel instruction. There are no exceptions to these State Requirements. Students who do not complete these requirements will not be issued a certificate of course completion. *If student does not complete the course within a 12 month period, you will be responsible for any price difference from this contract to the current course price. Our vehicle is equipped with a dual brake and operates with an automatic transmission.

Complete student course includes: \$365.00

- Beginner's Permit test, if needed
- 8 hours of class instruction
- 6 hours behind-the-wheel training
- Class D License Exam @ Drive Safe

*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 guarantee or assure success in receiving a South Carolina Driver's License.

I acknowledge that I have received a copy of the Rules, Regulations & FAQ. _____

Parent Signature

Student Signature

For office use only:

Date _____ Amount Pd _____ Receipt # _____ Method _____ Balance _____

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Date _____ Amount Pd _____ Receipt # _____ Method _____ Balance _____

Date _____ Amount Pd _____ Receipt # _____ Method _____ Balance _____

