Bemidji Driving School

218.759.2684

School: _____ Contract No: _____

This form is to be completed before any instructions are given in accordance with Minnesota Public Safety Rules.

_____/_____/_____

Name (Last. First, Middle) **Phone #** **Home #** **Work #**

_____/_____/_____

Permanent Street Address **City** **State** **Zip**

_____/_____/_____/_____/_____

Date of Birth (Month - Day - Year) / **Age** / **Permit or Drivers License #** / **Restrictions** / **Exp. Date**

Training:

Classroom ☐ Behind-the-Wheel ☐ Both· ☐

Type of vehicle to be used for instruction and/or road test has:

Automatic Transmission ____ Standard Transmission ____ Power Brakes ____ Power Steering ____

	FEE
1. It is hereby agreed to give classroom instruction in the relation to the operation of a motor vehicle for _____ hours.	$ _____
2. It is hereby agreed to give behind-the-wheel instruction in the relation to the operation of a motor vehicle for _____hours.	$ _____
TOTAL	$ _____

3. This agreement constitutes the entire contract between school and student and no verbal statement or promises will be recognized.
4. In the event of an appointment cancellation, a lesson fee, or part thereof, may be charged if 24 hours advance notice is not given. $25.00
5. The School will not refund tuition or any part thereof if the School is ready and able to fulfill its part of the contract.
6. This contract may be canceled at any time by the student. The contract may be extended for a maximum of six (6) hours, each extension by signed agreement.
7. All Behind the Wheel sessions are private.

Students Signature: _____ Date: _____

Parent or Guardians Signature: _____ Date: _____

Driver Training Instructor or Supervisor: _____

Date	**Hours**	**Type**	**Instructor**	**Student**
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____