GWINNETT COUNTY PUBLIC SCHOOLS

Grayson Community School
50 Hope Hollow Rd
770-554-1073
Driver Training Student Contract DT250

All contracts must be pre-numbered and in duplicate

Contract Number: _____ **DTT Number: _____**

Start Date: _____ Days of the Week: _____ Time: _____ End Date: _____

_____ 30 Hours of Classroom Instruction and 6 Hours Behind the Wheel Training - $450 Fee

I, the undersigned student, agree to complete the course of instruction by the above-name Driver Training School. A copy of the student's Leaner's Permit is required with payment. Training may be scheduled with more than one student in the vehicle with the driving instructor. However, there may be an occasion when a student drives one-on-one with the instructor. Students are encouraged to have 15-20 hours of driving experience before class.

The student's successful completion of the above-named course requires 1) punctual attendance for all sessions 2) reasonable attentiveness and participation in all classes 3) makeup classes for missed sessions 4) successfully passing a written exam with a grade of at least 70%. Completion of the training does not imply that a student will receive a license to operate a motor vehicle. However, immediately upon the student's successful completion of the course the driver training school agrees to provide certification of said completion to the student. There may be a $5 fee for a replacement certificate.

If additional behind-the-wheel instruction is requested, a fee of $60 per hour is charged. Only students registered for training and the instructor are permitted to accompany a student during their behind-the-wheel training.

This driver training school has and will maintain, for the protection of the contractual rights of the student a performance bond in the principal sum of ten thousand ($10,000.00) dollars for the students to be written by a company authorized to do business in the State of Georgia. It is understood that this driver training school is certified by the Georgia Department of Driver Services (DDS) in accordance with Georgia Law Title §43-13-1 (The Driver Training School and Commercial Driving Training School License Act) and that each instructor is certified by the Georgia Department of Driver Services.

Student's FULL Name (Print): _____ Date of Birth: _____

Address: _____ Student ID Number: _____

GCPS Student Email Address: _____ Learner's Permit Number: _____

Learner's Permit Expiration Date: _____ GCPS Home School: _____

Emergency Phone Number: _____ Parent or Guardian's Name: _____

Parent or Guardian's Phone Number: _____

Parent or Guardian's Email: _____

This driver training school will not refund any tuition or part of tuition if the school is ready, willing, and able to fulfill its part of this contract. I understand that if I fail to comply with the terms and conditions of this agreement, I am in breach of contract and the school will not be under any obligation to fulfill the terms of this contract, and may, at its option, terminate this agreement immediately. This agreement constitutes the contract between the above-named Driver Training school and the above-named student, and no verbal statements will be recognized.

_____ _____

Student's Signature Date **Parent or Guardian's Signature Date**

Name of Authorized School Designee (Printed): _____ Signature: _____ Date: _____

FOR OFFICE USE ONLY: Cash (Receipt) _____ Check# _____ MyPaymentPlus Confirmation# _____