

DRIVER EDUCATION CONTRACT Student ID _____

VINOD DRIVING SCHOOL CORPORATION C1105

P. O. Box 16485 Sugar land, TX 77496-6485

(281) 445-8600

Please read the form and fill your information in blank and make sure you **sign and date both contract and record forms.**

*Student's Full Legal Name: _____ Date of Birth: _____

*Student's Address: _____ Home Phone: _____

*City, State, Zip: _____ Work Phone: _____

*Mailing or office adrs: _____ Cell Phone: _____

*TX License Number: _____ SSN: _____

*E-mail: _____

*Responsible party Full Name & address: _____

*Referred By [Friend Name, Internet] _____

Disclosure of Social Security Number is voluntary: Your SSN is requested to ensure that payments of any necessary refunds filed on a bond claim may be done in accordance with the Texas Comptroller of public Accounts requirements.

BEHIND-THE WHEEL INSTRUCTION (office use only)

Number of Lessons __ Hrs Length of Lesson __ Hrs Cost per Lesson \$ _____ Course rate \$ _____

Administrative Expenses (up to \$50) _____

First payment \$ _____ Date _____ Tot. Amt. Contract \$ _____

Second payment \$ _____ Date _____ Down Payment \$ _____

Paid in full \$ _____ Date _____ Road Test \$ _____

Instruction begins ____/____/____ at ____ o'clock, ____ M Balance Due \$ _____

STUDENT ACKNOWLEDGMENT

*This agreement constitutes the entire contract between the school and the student and no verbal assurance Or promises not contained herein shall bind the school or the student.

*This driver education school maintains business insurance as required by the Transportation Code, Chapter 601, and uninsured or underinsured coverage.

*I further realize that any grievances not resolved by the school may be forwarded to Driver Training, Texas Education Agency, 1701 North Congress Avenue, Austin, Texas, 78701. (512) 936-6777.

CANCELLATION POLICY

***A full refund will be made to any student who cancels the enrollment contract before midnight of the third day, excluding weekends and legal holidays, after the enrollment contract is signed by the prospective student, unless the student has completed the course and accepted a certificate of completion during that period.**

Student must give cancellation call 10 hours before appointment time to avoid \$25 charge.

There will be \$40 service charge for Return Check

REFUND POLICY

1. Payments are made at the time of service or prepay.
2. Refund computations will be based on deposit and actual instruction received through the last date of Attendance.
3. Refunds shall be completed within 30 days after the effective date of termination.

Signature of Student

Date

Signature of School Representative

Date