

1 **Student Enrollment Contract**

Minor/Adult

School: T&D Driving Academy **#C0207**
Phone: 903-454-4544
Address: 2610 Poplar Street, Ste D
 Greenville, Texas 75402

Student Full Name (Print): Logan Ramey

2008-05-14

DOB: ____/____/____

Driver's License # (if applicable): _____

Phone # : 903-259-2771

Email: loganfoxramey@icloud.com

Address of Student: 959 County Road 1031

Course Section #: _____

Class Times: _____

Dates: ____ - ____

Behind the Wheel Instruction

Beginning: _____

Ending: _____

Minors

Incompletion of 14 hour
 behind the wheel instruction
 will require a \$ _____
 reinstatement fee as outlined
 in the "Reinstatement Fee"
 document

Student Cell Phone: _____

Mother's Phone #: 84982408024r

Father's Phone #: 98749820880r

Terms and Pricing:

☐ **Classroom Instruction (Minor/Adult Driver Education and Safety) Classes are held at the T&D Driving address.**

MINORS: Cost \$ _____

Number of Lessons (Signs & Laws): _____

Length of each Lesson: ____hrs

Cost: \$ _____

Sportsmanlike Driving: _____

Length of each Lesson: ____hrs

Cost: \$ _____

ADULTS: Cost \$ _____

Number of Lessons: _____

Length of each Lesson: ____hrs

Cost: \$ _____

Classroom \$ _____

☐ **Behind-the-Wheel Instruction (Minor/Adult Driver Education and Safety)**

MINORS:

Number of Lessons: _____

Length of ea. Lesson: ____hrs

Cost: \$ _____

One-on-One: _____

Cost: \$ _____

ADULTS Private Lessons:

Number of Lessons: _____

Cost per Lesson: \$ _____

Cost: \$ _____

One-on-One: _____

Cost: \$ _____

Behind-the-Wheel \$ _____

☐ **Third Party Driver Test**

Cost of Car: \$ N/A

Cost of Test: \$ _____ non-Student

Cost: \$ _____

Cost of Test: \$ _____ T&D Student

TOTAL COST: \$ _____

☐ **Payment Plan**

Payment 1: \$ _____

Date: _____

RECEIPT/Transaction Number: _____

Payment 2: \$ _____

Date: _____

RECEIPT/Transaction Number: _____

☐ **Pay in Full :** _____

Date: _____

Receipt/Transaction Number: _____