

Student Enrollment Contract

Minor/Adult

School: T&D Driving Academy

#C0207

Phone: 903-454-45442610 Poplar Street, Ste. D
Greenville, Texas 75402**Student Full Name (Print):** Timmy Tiptoe**DOB:** 2009-05-07**Driver's License # (if applicable):****Email:** tonyramey@me.com**Address of Student:** 959 County Road 1031**Student Phone #:** 904-348-8754**Parent Phone #:** 903-758-9087**OFFICE USE ONLY**

Course Section #: _____ Class Times: _____ Dates: _____ - _____ **Behind the Wheel Instruction** Beginning: _____ Ending: _____ *Minors who don't finish the 14 hour behind-the-wheel instruction within 6 months will pay a \$_____ reinstatement fee.*

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: _____