

**A+ Driving School LLC
3538 Plank Road
Fredericksburg VA 22407
540-288-1117**

This Behind the Wheel Form/Information is for students 18 & older ONLY!

- Behind the wheel is a 7 day program consisting of 14 periods, 7 periods of observing and 7 periods of driving. Each period is 50 minutes.
- Behind the Wheel cannot consist of more than 2 periods within 24 hours.
- Day 7 will also include the road test.
- Behind the Wheel fee: \$350.00 which includes a non-refundable fee of \$25.00.
- Students who fail to meet at designated times and dates will be charged and additional fee of \$25.00 for all missed appointments and must be paid before next scheduled pick up.
- A refund of any fees or tuition or any part of fees or tuition must be provided upon request unless the school is capable or willing to perform its part of the contract within a reasonable time period.
- There will be a \$25.00 fee to reissue any forms, this included the DTSD.
- Completion of the driving course does not guarantee any student will receive a driver's license.
- Once the course is successfully completed the student will receive a DTSD form to take to the DMV.
- Student must provide to the instructor on or before the first day
 1. Photo copy of learners permit
 2. Completed registration forms
 3. Original classroom completion certificate (**no photo copies allowed!**)
 4. Payment in full (Cash, Money Order or Credit Card)

WE DO NOT ACCEPT CHECKS!

I _____ hereby understand that I am enrolling into a state
Print Full Name

Approved driver's education course. I will be under the supervision of an instructor certified by DMV and A+ Driving School LLC. I understand that this does not guarantee that I will pass the state driver's license examination or that I will be able to secure a driver's license.

Print Full Name **Date**

Signature **Date**

DMV is committed to promoting transportation safety through the certification of quality driver education programs. If you have any comments or concerns about this course, call DMV's toll free # 1-877-885-5790

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This Registration for is for Students 18 and older ONLY!

Students Name: _____
First
Middle
Last

Students Address: _____
Street
City
State
Zip

D.O.B: _____ Learners Permit #: _____ Issue Date: _____

Home Phone#: _____ Cell Phone#: _____

Email Address: _____

Please list any significant health problems and/or learning disabilities:

Please list any allergies: _____

Please list any medications:

Are you required to wear glasses or contacts: ___ YES ___ NO

Emergency Contact Name: _____
First
Middle
Last

Relationship to you: _____
Emergency Contact Phone Number: _____ Other Number: _____

Printed Full Name: _____ Date: _____

Signature: _____ Date: _____

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Date: _____

I _____ confirm that I have driven a minimum
Print full name

Of 10 hours of supervised driving.

Signature

INSTRUCTOR SECTION:

I, _____, have reviewed the contract and it is complete.

Instructor Printed Name

The agreed upon start date is ____/____/____.

Month Day Year

Instructor Signature Date

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