

**JAMES ISLAND DRIVING SCHOOL
778 FOLLY ROAD C-1
CHARLESTON, SC 29412
843-514-1073**

STUDENT EMERGENCY INFORMATION

Today's Date _____

Student's Name _____

Cell # _____

Beginners Permit # _____

Permit Issue date _____

Student's home address _____

Fathers/Guardian' Name _____

Place of Employment _____

Home # _____ Business # _____ Cell # _____

Mother's/Guardian's Name _____

Place of Employment _____

Home # _____ Business # _____ Cell # _____

Secondary Emergency Contact Person

Name _____

Relationship _____

Home # _____ Business # _____ Cell # _____

Health Insurance Co. _____

Phone# _____

Subscriber ID# _____

Subscriber's DOB _____

Group # _____

Employer _____

List all Allergies

James Island Driving School, LLC
778 Folly Road
Charleston, SC 29412
843-514-1073

Agreement made this _____ day of _____, between James Island Driving School, LLC and _____ (referred to as "student."), in consideration of the sum of Money described below.

_____ Teen Course: (ages 15-18) James Island Driving School, LLC agrees to give the student Instruction in the operation of a motor vehicle including 8 hour classroom instruction, to be held at James Island Driving School, LLC and 6 hour in-car driving instruction. (Pick up at home or another location Within teaching area available, see below)

TUITION COST \$ _____ PICKUP/RETURN COST \$ _____

_____ Adult Course: James Island Driving School, LLC agrees to give the student Instruction in the operation of a motor vehicle including 8 hour classroom instruction, to be held at James Island Driving School, LLC and 6 hour in-car driving instruction.

TUITION COST \$ _____ PICKUP/RETURN COST \$ _____

_____ Additional in-car instruction One on One (pick-up at home or another location within teaching area available, see below)

TUITION COST \$ _____ PER HOUR PICKUP/RETURN COST \$ _____

STUDENT'S NAME _____ SS# _____ PHONE# _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 BIRTHDATE _____ AGE _____ SCHOOL _____
 GRADE _____ PERMIT# / LICENSE# _____ DATE ISSUED _____ DATE EXPIRED _____

Do you have any medical conditions we need to know about? Dizziness _____ Seizures _____ Vision Problems _____
 Heart problems _____ Hearing problems _____ Physical Impairment _____

Is applicant presently under suspension? Yes _____ No _____ (If yes, student is not eligible to take driving Lessons). Has your license ever been suspended, canceled, revoked or denied for any reason Yes _____ No _____

1. JAMES ISLAND DRIVING SCHOOL,LLC does not guarantee that the student will receive a Drivers license or the SCPDLA form, which is required by law for 15 and 16 year olds to take a driving test.
2. Behind the wheel training to be given: Greater Charleston, South Carolina area.
3. Students who do not, in the instructor's evaluation, satisfactorily pass their chosen course may, as an option, schedule additional driving training on a lesson-by-lesson basis.
4. The price for appointment is subject to change if there is a lapse of _____ days between two appointments.
5. Length of each in-car lesson: 1 hr or 2 hr. lessons within our teaching area.
6. JAMES ISLAND DRIVING SCHOOL, LLC agrees to furnish a car for the instruction along with a qualified instructor, furnishing pick-up and delivery service at a pre-determined location if applicable.
7. DRIVING LESSONS MUST BE CANCELLED AT LEAST 48 HOURS BEFORE SCHEDULED TIME or a \$25 CANCELLATION FEE will be charged. Monday lessons must be cancelled by noon Friday to avoid a cancellation fee.
8. All materials will be provided in the classroom.
9. The vehicle to be used for instruction has an automatic transmission with extra brake pedal

This contract constitutes the entire agreement between JAMES ISLAND DRIVING SCHOOL, LLC and the undersigned.

PARENT'S NAME (print) _____ STUDENT'S Name (print) _____
 PARENT'S Signature _____ STUDENT'S Signature _____

(At JAMES ISLAND DRIVING SCHOOL if submitted by email)

FOR OFFICE USE ONLY: SCHOOL PERMIT# _____ INSTRUCTOR PERMIT# _____

SIGNATURE OF INSTRUCTOR: _____ DATE _____

AGREEMENT# _____