

**** THIS IS NOT A REGISTRATION FORM – Please be sure to keep a copy for your records after signing****

ALL STAR DRIVER EDUCATION, Inc.

CONTRACT

Office Location: 717 N. Palm Ave. Kissimmee, FL 34741 Hours: M-F 9-5pm (800) 967-7719

www.allstardrivereducation.com

This contract is entered into by and between All Star Driver Education Inc., and

Students Full Name: _____ High School _____

Address _____
First Middle Last

City _____ State _____ Zip _____

Day Time Phone Number: _____ Evening Phone Number: _____

Student Birthday: _____

List Class Location Address and Class Dates _____

The school shall provide at least a total of thirty six hours of instruction for a fee of \$_____ (including the book fee) paid at the first class. Instruction shall include _____ hours of behind-the-wheel training and thirty hours of classroom time completed in the hours set by the school. Or will provide the 4 hour DATA course, which does not include any driving lessons, but can be signed up for separately. All Star Driver Education will conduct the behind-the-wheel instruction in a dual controlled automobile, fully insured, covering each student enrolled in the program. The school will provide the licensed instructor, vehicle, and fuel for the driving instruction. No instruction shall commence until the student has paid all fees in full and has submitted a photocopy of his/her birth certificate to be kept by the school; it *will not be returned to the student*. The student must be 15 years old by the first classroom session. **REFUND POLICY:** Upon failure on the part of the student to complete the course of instruction, a refund will be granted as follows: For each hour of driving time unused, one tenth of the total tuition will be refunded. No refund will be issued if the student is expelled due to disciplinary problems.

Partial Payments: Initial payment may be made the first day at class, following payments must be done at the Main Office (info listed above). All payments after the initial payment must be done with cash, money order or credit card (personal checks will not be accepted). Once the payment has been paid in full the certificate will be mailed or it may be picked up from our Main Office.

Gas Surcharge: Depending on the current rate per gallon for gasoline, there could be a surcharge. You will know about this surcharge and the amount as you are signing up for class, so there will be no surprises.

Missed Days and Make Up Days: Students are allowed to miss up to three classroom sessions. The instructor should be informed when your student will be absent. The students are expected to be present for every class and drive time. If you must miss class you will be expected to make the day up in a following session or at a different location. **You will not receive your permit until you do so.** If you no-show for a drive time you will be subject to a **\$20 no-show fee**, if you must change a drive time after the fourth day of class you will be subject to a **\$10 rescheduling fee**. In case of emergency you must call your classroom instructor, without this contact you will be subject to the no-show fee for missed driving. It is **imperative** that students arrive on time for their scheduled driving, if your student is not there when the instructor departs for the lesson is it considered a **no-show** and you will be charged a \$20 fee.

Parental Permission for Driver Education Instruction: I hereby give consent for my son/daughter, as stated above, to take a complete course of Driver's Education which includes the thirty hours of instruction listed in this contract. This course is conducted under the supervision of a state certified instructor. Behind-the-wheel driving for teens is scheduled with two students in the car at the same time under the supervision of a licensed driving instructor. If unforeseen circumstances arise, however, I give permission for my son/daughter to drive with the certified driving instructor, unaccompanied by another student.

Requirements to Pass Driver Education: As a student you will be required to participate in all 30 hours of classroom instruction as well as the 6 hours of behind the wheel training. You will also be expected to pass the written examination at the end of the session with an 80% or higher. You will be expected to complete all chapters of reading and activities assigned to you throughout the session, failure to complete these terms will result with not receiving ones permit on time.

The undersigned has paid for Driver Education in the form of: Cash Check Credit Money Order
In the amount of: \$_____ on _____.

Date _____ Parent Signature _____

Date _____ Student Signature _____

Date _____ School Representative _____

NOTICE: Completion of driver training instruction does not guarantee qualification for a driver license. The Driving Record for each individual instructor is available for review upon request.

The City of Kissimmee and Kissimmee Parks and Recreation Dept is to be held harmless, as we only rent a classroom from them, and have no affiliation with the City of Kissimmee, as well as Parks and Recreation Department

**** THIS IS NOT A REGISTRATION FORM – Please be sure to keep a copy for your records after signing****

Additional Information Required:

Family Doctor _____ Telephone: _____

Does student have any physical and/or mental and/or learning disabilities that All Star Driver Education should be aware of? _____
If yes please explain _____

Is the student currently taking medication? _____ If yes, please explain _____

Does student wear corrective lenses? _____ Vision was last checked on? _____

Has the student ever taken Driver’s Education before? _____ Has the student ever had a license suspended or revoked? _____

By signing this disclaimer, I hereby agree that my child is mentally and physically able to complete the required behind-the-wheel training with a licensed driving instructor and does not have a mental and/or physical disability and is not taking any medication that may cause endangerment or compromise the well –being of the driving instructor or passenger. I understand that if my student does have a disability or is on medication that may endanger the well – being of the driving instructor or passenger, and I, the parent or guardian, do not disclose this information to All Star Driver Education, Inc., said company has a right to discontinue driver education for my student at any given time. I also understand that any damages caused by said student that may occur during drive times resulting in not disclosing any student disabilities and/or medications become my responsibility as a parent/guardian.

Date: _____ Parent/Guardian Signature: _____

RELEASE, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT

All Star Driver Education, Inc.

I make this release, assumption of risk and indemnification agreement as parent and natural guardian or legal guardian of _____ (Children). In consideration of the Children’s participation in the driving instruction and/or road testing and any and all events or activities in relation thereto (collectively the “Activity”) permitted by All Star Driver Education, Inc. (“All Star”) and with the understanding that the Children’s participation in the Activity is only on the condition that I enter into this agreement for the Children and myself, our heirs and assigns, I hereby assume the inherent and extraordinary risks involved in the Activity, and any risks inherent in any other activities connected with the Activity in which the Children may participate. I expressly assume the risk of and accept full responsibility for any and all injuries (including death) which may occur as a result of the Children’s participation in the Activity and release from liability All Star, its and their officers, directors, agents, representatives, heirs and employees as well as **The City of Kissimmee and Kissimmee Parks and Recreation**. I hereby waive any and all claims I or the Children may hereafter have as a result of any and all injuries disease or sickness (including death) to the Children as a result of the Children’s participation in the Activity. I hereby agree to indemnify all of the above named persons for any and all claims, including attorney’s fees and costs, which may be brought against any of them by anyone claiming to have been damaged as a result of any injury, sickness or disease (including death) to the Children which may occur as a result of or during the Activity. I understand that the Activity may be dangerous and that physical injury, property damage or death may result. I certify that I have read and fully understand this release. I am of lawful age and legally competent to make this agreement. I understand that I am waiving any and all claims I or the Children may have against All Star, its officers, directors, agents, representatives, heirs and employees as well as **The City of Kissimmee and Kissimmee Parks and Recreation** as the result of participation in the Activity.

THIS IS A RELEASE. READ CAREFULLY BEFORE SIGNING.

Witness: _____

Dated: _____

Signature:/s/ _____