

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



INDIANA PRIVATE DRIVING CONTRACT

(800) 967-7719

www.allstarde.com

This contract is entered into by and between All Star Driver Education, Inc. and
Legal Name of Adult: **PLEASE PRINT CLEARLY:**

First Middle Last

Address: _____

City: _____ State: _____ Zip: _____ Birth Date: _____

Phone: _____ Email: _____

The school shall provide behind the wheel instruction for a fee of \$_____ for _____ hours of instruction paid in advance or prior to driving. Adult students will be picked up at their preferred location and dropped off at the end of each scheduled appointment. Instruction will cover the *Driving Performance Rating Form* and *In-The-Car Checklist*. All Star Driver Education, Inc. will provide a licensed instructor, registered and insured vehicle, and fuel for the driving. **No instruction shall commence until the student has paid all fees in full,**

Schedule of Adult Behind-The-Wheel Instruction

Date	Start Time	End Time	Instructor Signature	Student Signature	Amount Paid	Payment Method

(Attach additional forms if necessary.)

Cancellation Policy: Students are expected to show up for all scheduled appointments on time and prepared with their T.I.P. and any payment due. If an emergency occurs, you must contact your instructor to cancel. Schedules appointments that are not cancelled 24 hours in advance are subject to a \$20 No-Show fee. Being unprepared for a scheduled appointment will result in a No-Show fee. All fees must be paid to the instructor before the next scheduled drive.

Refund Policy: ALL refund requests for all services offered are charged a \$5 processing fee. Any refunds requested after the first class are charged the cost of the first day plus the noted \$5 processing fee. No refunds are permitted once a student has participated in one or more drive hours. Refunds will be processed in full if a class/service is canceled by ASDE. Refunds take 2-3 weeks to process and will be in the form of a check.

I have read and understand the above policies and procedures to take part in this instruction provided by All Star Driver Education, Inc.

Date: _____ Student Signature: _____

Date: _____ Instructor Signature: _____

