EXCELeration Driving Schools, LLC

Driving Instruction Agreement/Registration Form

	Basic Ag	greement
1	(herein referred to as '	'parent') agrees to pay the tuition fee as set forth below
Parent also agrees to practi	ce driving with the student a r	minimum of fifteen (15) hours – some of which should
be after dark- during the fiv	e week course.	
2	DOB	(referred to as 'student') agrees to attend all
scheduled classes, attend al	l scheduled driving sessions,	complete all written assignments and practice driving
minimum of fifteen (15) ho	ours – some of which should b	be after dark – during this five week course.
3. EXCELeration Driving S	Schools, LLC (herein after refe	ferred to as 'EDS') agrees to provide the Washington
State Traffic Safety Educat	ion course and will issue – up	pon successful completion of the course by student – a
driver's education certifica	te.	
	Fe	ees
1. The registration fee for	the course is Five Hundred do	lollars (\$500.00) payable by cash, check or credit card
Exceleration Driving School	ol.	
2. The refund policy allow	vs that:	
± •		of a class, the full amount of the fee will be refunded.
	during the second week will l	
c. No refund w	vill be made after the second v	week of class.
		24 hours notice, will be charged \$35.
	Qualifications an	nd Requirements
1. The student must be at	least 15 years of age on the da	ate of registration.
		sessions. If the student misses a classroom session, it
		S allows for a maximum of three (3) classes to be mad-
<u>=</u>	m of 6 months for completion	
-	-	ee class sessions have been held.
-		ear of the license if the driver is under 18 years of age.
		ments, restrictions & penalties. The Department of
		guardians of these special rules along with information
		hat you have received the attached statement of
those rules and the Organ		hat you have received the attached statement of
those rules and the Organ	Donation for Life facts.	
RV MV SIGNATURE I A	CKNOWI FDGE THAT I H	AVE READ THIS AGREEMENT AND
	REE TO ALL ITS PROVISION	
CINDLEGIAND AND AG	REE TO ALL ITS TROVISION	ONS.
Parent Signature	Student Signature	EDS Representative
S		
		111 Third Street
Address	Address (if differer	
		(360) 303-7208
City/State/Zip	Course Number	
		WA ID#
Primary Phone #	Alternate Pho	one #