THOMPSON'S DRIVING SCHOOL

Business: (856) 327-3481 **Cell: (856) 362-3925**

CONTRACT

Date: _____

Contact number_____

Contract Number (Permit Number): _____

State of NJ Driving School License Number: **000308**

Licensed and approved by: State of NJ & Dept. of Motor Vehicles

Thompson's Driving School, LLC hereby agrees to give instructional lessons in relation to operation of a motor vehicle to

(student's name) _____

This agreement will include the following services:

Behind the Wheel Course (6 Hours)	**$400.00**
Permit Purchase (State Agency Office) & Red Decals.....	**$14.00**
TOTAL COST TO STUDENT	**$414.00**

This agreement shows an itemized account of any and all services rendered. *To cancel a lesson and reschedule that lesson, 24 hours advance notice is required or the student may be charged for that lesson. Cancellation must be made to the phone numbers listed above*. Appointments must be mutually agreed upon for date, time and location. The number of minutes per lessons specified shall be the actual number of minutes of instruction provided to the student. The vehicle to be used for instruction has an automatic transmission. The vehicle shall be equipped with a gas and brake for both the instructor and the student. No fees will be charged other than those specified above. This constitutes the entire agreement between the driving school and student and no verbal statements or promises will be recognized. The student may rescind this agreement within 72 hours before the first lesson and upon such shall receive a refund for any lesson or service.

_____

(ADDRESS)

_____ _____ _____

(CITY) **(STATE)** **(ZIP CODE)**

_____ _____

PARENT/GUARDIAN SIGNATURE **STUDENT SIGNATURE**

The instructor has returned the BIRTH CERTIFICATE/PASSPORT & SOCIAL SECURTY CARD

_____ _____

SIGNATURE FOR BIRTH CERT./ PASSPORT **SIGNATURE FOR S.S. CARD**

LESSON	1	2	3	4	5	6
Date						
Time Start						
Time Stop						
Starting						
Signals						
Stopping						
Steering						
Turning						
Backing						
Braking						
Highway Driving						
Intersections						
Speed Control						
K-Turns						
Parallel Parking						
Line Parking						
City Driving						
Residential Driving						
Country Driving						
Lane Changes						
Circle						
Mirrors						
Owes Money						
Paid						

THOMPSON'S DRIVING SCHOOL

Millville, NJ 08332

Date: _____

Received from_____ **Sum of $** _____

For: ( ) Behind the Wheel Course ( ) Road Test ( ) Individual Lessons ( ) Replacement Permit

( ) Other _____

Payment Type: ( ) Check ( ) Cash ( ) Money Order