GWINNETT COUNTY PUBLIC SCHOOLS	373	37 Brock R 77	hool Community Se load Duluth, GA 30 70-476-5206	096	
Contract Number:		ing Student Contra	DT Number:		
	Days of the Week:		Time:		
30 Hours of Cla	essroom Instruction and 6	i Hours Behiı	nd the Wheel Training -	\$450 Fee	
student's Leaner's Perr the driving instructor. H	ent, agree to complete the nit is required with paymen lowever, there may be an o -20 hours of driving experie	t. Training ma ccasion when	y be scheduled with more a student drives one-on-	e than one student ir	n the vehicle with
attentiveness and partion a grade of at least 70% However, immediately	ul completion of the above- cipation in all classes 3) ma . Completion of the training upon the student's success apletion to the student. The	keup classes does not imp ful completior	for missed sessions 4) s ly that a student will rece of the course the driver	uccessfully passing a ive a license to oper training school agree	a written exam with ate a motor vehicle
	-wheel instruction is reques itted to accompany a stude				ered for training and
the principal sum of ten the State of Georgia. It (DDS) in accordance w License Act) and that e	ool has and will maintain, fo thousand (\$10,000.00) do is understood that this drive ith Georgia Law Title §43-1 ach instructor is certified by	llars for the st er training sch 3-1 (The Driv / the Georgia	udents to be written by a ool is certified by the Geo er Training School and C Department of Driver Ser	company authorized orgia Department of ommercial Driving T vices.	l to do business in Driver Services raining School
	e (Print):				
	Address:				
Learner's Permit Expi	ration Date:	GCPS H	lome School:		
Emergency Phone Nu	mber:	Parer	t or Guardian's Name:		
Parent or Guardian's	Phone Number:				
Parent or Guardian's	Email:				
contract. I understand t school will not be under immediately. This agree	ool will not refund any tuitio hat if I fail to comply with th r any obligation to fulfill the ement constitutes the contra statements will be recogniz	e terms and c terms of this c act between tl	onditions of this agreeme contract, and may, at its c	ent, I am in breach o option, terminate this	f contract and the agreement
Student's Signature		Date	Parent or Guardian's	Signature	Date
Name of Authorized S	School Designee (Printed)	:	Signature:		Date: