

Contract: 001-850

(Certificate: # DT136 _____)

**Contract for Driver's Education
South Gwinnett Community School, Gwinnett County
2288 Main Street E. Snellville, GA 30078 ■ (770) 736-4312**

REQUIREMENTS

- **A copy of the student's learner's permit must be submitted with payment and completed contract.**

The cost of the Driver's Education course at South Gwinnett High Community School, part of the Gwinnett County School System, is \$345.00. This fee includes 6 hours of road instruction (after class instruction completed). Each student receives a certificate if when all 6 hours of instruction are completed. Additional road instruction can be arranged for a fee of \$45 per hour for South Gwinnett students. Certificate replacement is \$5.00.

It is the responsibility of the parents to provide transportation for the student to and from the Driver's Education classes and Driving appointments located at South Gwinnett High Community School at 2288 Main Street E. Snellville, Ga 30078. The telephone number is 770-736-4312. The completion of the course does not in any way, directly or indirectly, imply that the student will receive his/her driver's license from the State of Georgia or any other state.

Notification of cancellation must be received within 2 weeks prior to the start of the class in order to receive a full refund. No refunds are given once the class has begun. The lessons may be forfeited if the student does not attend the classroom portion or neglects to notify the driver education instructor that he/she is not able to drive during the assigned time. The student has 90 days from the last day of the classroom portion to complete the driving portion unless pre-arrangements have been made.

The Community School's liability insurance follows the car and provides the maximum coverage possible (\$500,000/person/accident/property). Parents and/or guardians of students who operate a Gwinnett County Public Schools' driver's education vehicle may incur personal liability in some driver-at-fault accidents. Each instructor is certified by the DDS. Community School is licensed by the DDS in accordance with Title 43-13-1

COMPLETE ALL BLANKS BELOW. (PLEASE PRINT)

Student **FULL** Name: _____ Birthday: _____

Learner's Permit #: _____ Exp. Date: _____

Parent/Guardian: _____ Home #: _____

Address: _____ City, Zip: _____

PERSON RESPONSIBLE FOR THE PAYMENT OF THIS CLASS

Name (print): _____ Daytime#: _____

Address: _____ City, Zip: _____

Signatures indicate that student and parent have read and understand the information contained in this contract.

X _____ X _____ X _____
 Student's Signature Parent's Signature Date

PAYMENT: All payments must be paid thru My Payments Plus -----Fee -- \$345.00

My PaymentsPlus Receipt #: _____
 My PaymentsPlus Receipt Date: _____