

Contract # _____

Date: _____

ACCOUNTABLE

• DRIVER EDUCATION, INC. •

E

715.831.6333

This constitutes the entire agreement between the school and the student and no verbal statement or promises will be recognized. Accountable Driver Education, Inc. will not refund any tuition or part of tuition if the school is ready, willing and able to fulfill its part of the agreement. (WI stat 343.72(3)).

	Hours	Fees
Complete Session	_____	_____
Classroom Only	_____	_____
Behind the Wheel Only	_____	_____
Observation	_____	_____
Private Driving Lesson	_____	_____
Car for Road Test	_____	_____
Total	_____	_____
Session #		

Student Name: _____

Street Address: _____

City, State, Zip _____

Student Phone: _____

Date of Birth: _____

Required Signatures: School Rep: _____

Student: _____

Parent/Guardian: _____

Please initial the following:

_____ *All textbooks loaned to students must be returned or full replacement cost must be received.

_____ *A 48 hour minimum cancellation notice for any Behind the Wheel appointments is required, or a "No Show Fee" of \$25.00 will be charged.

Please Return the White Copy with your Deposit to:
Accountable Driver Education, Inc. * 2027 Fairfax * Eau Claire, WI 54701

03/18/2005