Renshaw Driving School LLC

[Renshawdriving@gmail.com](mailto:Renshawdriving@gmail.com) 918-840-7639, 323-B Lafayette, Checotah, OK 74426

PLEASE FILL OUT AND BRING TO REGISTRATION

Class Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_ Zip \_\_\_\_\_\_\_

Student’s Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent’s Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special educational needs of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I (we) hereby make application to Renshaw Driving School

* I agree to pay a fee of $300.00 for 10 hours of classroom instruction and 6 hours of

In-car instruction.

* I agree to pay a $5.00 processing fee for credit card payments
* I agree to pay a $50.00 fee for any check returned for insufficient funds.
* I agree to pay $35.00 fee for any missed driving sessions without 24 hour prior notice.

**The school will not refund any tuition or part of tuition if the school is ready, willing and able to fulfill its part of the agreement. Student can and will be dismissed from class or car for any disruptive behavior, with no refund.**

This agreement constitutes the entire contract between the school and the student, and no verbal statement of promises will be recognized.

Payment included check one:

* I have paid online
* I am paying with check or cash
* I am paying with credit card

Signature of Student: Signature of Renshaw Driving Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_