Maverick Driving Academy

"Changing Driver Behavior"

1237 Mt. Zion Road Spartanburg, SC 29303

864-908-7015 or 864-921-6641

Individual Lessons/ Third Party Testing-STUDENT REGISTRATION

_____ _____ _____

Last Name **First Name** **Middle Initial**

_____

Address **City** **State** **Zip Code**

Home Phone#: _____ **Cell #:** _____ **Beginners Permit #:** _____

School Attending: _____ **Email Address:** _____

STUDENT INFORMATION

Student Conduct: Maverick Driving Academy takes operating a motor vehicle seriously. Students are expected to conduct themselves in a professional, responsible, and appropriate manner at all times regardless if in the classroom or training vehicles. Students can be dismissed for misbehavior.

Student/Parent(s) Initial: _____

Requirements: Students will be accepted into the program at the age of 14 years and 10 months for the 8-hour classroom session; however no student will be allowed to operate a motor vehicle until they have reached their 15th birthday. As required by law, students must have in their possession while driving, any corrective lenses required by the Department of Motor Vehicles.

Individual Lesson Fee: The fee for individual lessons is $45.00 per with a minimum of two (2) hours per driving session for a total of $90.00 per lesson.

Third party Testing Fee: The fee for individual lessons is $50.00.

Refunds: After completion of the two (2)-hour driving instructions, students are not eligible for a refund.

I am willing to put forth the effort it takes to become a good driver. I understand the commitment I am making by becoming licensed to operate a motor vehicle. I will dedicate myself and make time to practice my driving and be respectful of my fellow students and the Maverick Driving Academy Staff.

Student Signature _____ **Date** _____

I have read and understand all the course requirements and fees for Maverick Driving Academy. I give consent for my child to participate and will be responsible for all tuition and fees due. I further agree to practice driving with my child whenever possible to support him/her to become a safe driver for life.

Student/Parent/Guardian Signature _____ **Date** _____

Third Party Testing

I consent to have Maverick driving Academy provide the "Third Party Testing" upon completion of the class for an additional $50.00.

Student/Parent/Guardian Signature _____ **Date** _____

Owner _____ **Date** _____

(Please Note: The training vehicle has a standard automatic transmission and a dual brake control system.)