



991 S. Delsea Dr, Vineland NJ 08360
Office: (856) 362-5707 Cell: (609) 774-5120

----- **CONTRACT** -----

Precision Driving Academy, LLC hereby agrees to give instructional lessons in relation to the operation of a motor vehicle to _____.

Contract Number (Permit Number): _____

State of NJ Driving School License Number: _____

Licensed and approved by: State of NJ & Dept. of Motor Vehicles

This agreement will include the following services:

Behind the Wheel Course (6 hours)	\$398.00
Obtain a special learner's Permit from MVC	\$10.00
Red Decals	\$4.00
Purchase of Permit at State Agency Office	\$10.00
Road Test Services	\$225.00
Individual Lessons (per hour)	\$90.00
Lost Permit Charge	\$30.00
TOTAL COST TO STUDENT	\$ _____

This agreement shows an itemized account of any services rendered. To cancel a lesson and reschedule that lesson, 24 hours' advance notice is required, or the student may be charged for that lesson. Cancellation must be made to the phone number listed above. Appointments must be mutually agreed upon for date, time and location. The number of minutes per lessons specified shall be the actual number of minutes of instruction provided to the student. The vehicle to be used for instruction has an automatic transmission. The vehicle shall be equipped with a gas and brake for both the instructor and the student. No fees will be charged other than those specified above. This constitutes the entire agreement between the driving school and the student, and no verbal statements or promises will be recognized. The student may rescind this agreement within 72 hours before the first lesson and upon such shall receive a refund for any lesson or service.

ADDRESS

CITY

STATE

ZIP CODE

PARENT/GUARDIAN SIGNATURE

STUDENT SIGNATURE

The instructor has returned the BIRTH CERTIFICATE/PASSPORT & SOCIAL SECURITY CARD

SIGNATURE FOR BIRTH CERTIFICATE / PASSPORT

SIGNATURE FOR SOCIAL SECURITY CARD



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----- **STUDENT INFORMATION FORM** -----

STUDENT'S FULL BIRTH NAME

ADDRESS

CITY *COUNTY* *STATE* *ZIP CODE*

DATE OF BIRTH *AGE* *M [] / F []*
GENDER

EYE COLOR *WEIGHT* *HEIGHT* "

SOCIAL SECURITY NUMBER *PARENT/GUARDIAN SIGNATURE*

PARENT CELL PHONE NUMBER *STUDENT CELL PHONE NUMBER*

CHECKLIST (16 Years Old)

- 1) - Form above must be filled out in full
- 2) - Bring your **ORIGINAL BIRTH CERTIFICATE**
 - Must be the birth certificate filed with the or Vital Statistics Office or a current **US PASSPORT**
 - Photocopies will NOT be accepted
- 3) - A **COPY or ORIGINAL** Social Security Card
- 4) - Fill out the **GREEN FORM FROM MVC**
 - The following fields must remain BLANK**
 - *Driving school name*
 - *driver license number*
 - *instructor id, school wall license no.*
 - *signature of principal or person operating duly licensed school*
- 5) - Bring a printed email from Driver Education Class showing proof you passed the written exam
- 6) - Return this paper and all the above items to your instructor
- 7) - A payment of \$14.00 (Check or money order ONLY) **made payable to: NJMVC**
for the purchase of permit and red decals
- 8) - Bring payment of \$398.00 in cash, check, money order **made payable to: Precision Driving Academy LLC**

LESSON	1	2	3	4	5	6
Date						
Time Start						
Time Stop						
Starting						
Signals						
Stopping						
Steering						
Turning						
Backing						
Braking						
Highway Driving						
Intersections						
Speed Control						
K-Turns						
Parallel Parking						
Line Parking						
City Driving						
Residential Driving						
Country Driving						
Lane Changes						
Circle						
Mirrors						
Owes Money						
Paid						

Precision Driving Academy

Date: _____

991 S. Delsea Dr.

Received from: _____

Vineland NJ 08360

Sum of: _____

Service: Road Lessons Road Test Individual Lesson Duplicate Permit

Payment Type: Check Cash Money Order

Student's Signature: _____