| Date : A-A | | RIVING SCHOOL, L | LC | Agreement No | |
|---|---|--------------------------|--------------|-------------------------|---------|
| Beginning Class Date and time: | Office: 1116 WALNUT ST WEST BEND, WI 53095-3152 EMA IL: info@aalert.com | | | | |
| Living Word Class | | ne: 262-338-6992 | | | |
| Name: | | | Da te of B | irth: | _ |
| Street: | Ci | ty : | State: | Zip: | |
| Phone: | | _ Pa rent's Names:_ | | | |
| I (we) herby make application | n to A-AL | ERT DRIVING SCHO | OOL | | |
| ☐ I agree to pay a fee of \$385 classroom instruction, 6 hours Payment of \$ 385 due before a student requested at \$50.00 pc | s of behin classroom | d-the-wheel instructio | on, and 6 ho | ours of in-car observa | ation. |
| ☐ I agree to pay a fee of \$200. | .00 for 30 | hours of classroom tii | me only. | | |
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| | | | | | |
| The school will not refund ar to fulfill its part of the agree behavior, with no refund. A c | ment.Stu | dents can and will be | dismissed | d from class for disr | uptive |
| was not cancelled. This agreement constitutes the er promises will be recognized. Payment included check one: | ntire contra | act between the school a | nd the stude | nt, and no verbal state | ment of |
| ☐ I have paid Online | or | ☐ I am sending a Mor | ney Order O | r Check with this conti | ract. |
| Signature of Student: | | Sig nature of A-A | lert Represe | ntative: | |
| Signature of Parent: | | Da te: | | | |