

GSMST Contract for Driver's Education June 2019

Driver's Ed Cost: \$345

REQUIREMENTS:

- **Must attend all 30 hours of class.**
- **Must have learner's permit (*submit a copy with this contract*).**

Classes: 8am-2pm, June 3-7

This school is licensed by the Georgia Department of Driver Services (DDS) which requires that each student complete 30 hours of classroom instruction and 6 hours of road instruction for a total of 36 hours. Students do not receive their certificates until all 36 hours are completed, with a grade average of at least 70% on the units and a final exam grade of at least 70%. We will schedule two students for each driving time slot: 1 as a driver and 1 as a passenger. *Please be aware that a student does not receive credit hours as a passenger.*

The completion of the course does not imply directly or indirectly that the student will receive a driver's license from the State of Georgia or any other state.

If the student fails to appear for a pre-scheduled driving appointment or additional road instruction is requested, an additional fee of **\$40** per hour is charged.

GSMST Community School is licensed by the DDS in accordance with Title 43-13-1. Each instructor is certified by the DDS. The Community School's liability insurance follows the car and provides the maximum coverage possible (\$500,000/person/accident/property). A performance bond of \$10,000 will be maintained for the protection of the contractual rights of the students. Parents and/or guardians of students who operate a Gwinnett County Public School's driver's education vehicle may incur personal liability in some driver-at-fault accidents.

Student's Name: (print) _____ Birth Date: _____ Student #: _____

Address: _____ City _____ Zip: _____

Cell # _____ Email _____

Learner's Permit or Driver's License #: _____ Expiration Date: _____ **(attach copy)**

Parent/Guardian Name: _____ Cell #: _____

Home # _____ Email: _____

Signatures indicate that student and parent have read and understand the information in this contract.

Student's signature:

Parent's signature:

Date:

(For Office use only)

Cash receipt # _____ Check #: _____ MPP _____ Copy of Permit _____

Date Completed/DDS # _____