

JAMES ISLAND DRIVING SCHOOL

778- E Folly Road
Charleston, SC 29412
843-514-1073

www.Jamesislanddrivingschool.com
afrafix@jamesislanddrivingschool.com

Agreement made this _____ day of _____ between James Island Driving School, LLC and _____ (referred to as "student"), in consideration of the sum of money described below.

Student's Name _____ Student's Phone Number _____

Date of Birth _____ SS# _____ - _____ - _____ Address _____

City _____ State _____ Zip _____ Permit/License # _____

Date issued _____ Date expires _____ School student attends _____

Choose one course below. The fee does NOT include the cost for the driving test.

_____ **Teen /Adult Basic** Course 8 -hour class and 6 hours behind the wheel. Fee _____

_____ **Teen/Adult Preferred** Course 8 -hour class and 8 hours behind the wheel. Fee _____

_____ **Teen/Adult Preferred Plus** Course 8- hour class and 10 hours behind the wheel. Fee _____

_____ **Behind the wheel instruction (in our vehicle)** Two hours _____ Four hours _____

Six hours _____ Eight hours _____

Please list all medical conditions that may affect your driving. _____

(ex. Dizziness, blurred vision, hearing problems, physical impairments, seizures, limited movement, stroke, etc.)

Is the applicant presently under suspension? Yes or NO (If yes, the student is not eligible to take driving lessons).

JAMES ISLAND DRIVING SCHOOL, LLC does not guarantee that the student will pass their driving test or receive their SC license. It is based solely on their ability.

1. Behind- the -wheel training will be given in the Charleston area using our vehicle that has an automatic transmission with an extra brake pedal.
2. Students may need additional driving time based on the instructor's evaluation.
3. **Driving sessions MUST BE CANCELLED at least 48 HOURS BEFORE SCHEDULED TIMES TO AVOID A \$35 CANCELLATION FEE.** Monday sessions must be cancelled by NOON on Friday to avoid the \$35 fee. (No additional lessons will be scheduled until the fee is paid in full). Returned check fee is \$35 if applicable.
4. The fee for an appointment or course is subject to change if there is a lapse of sixty days or more between two appointments or course dates.
5. JAMES ISLAND DRIVING SCHOOL, LLC agrees to furnish a car for the instruction along with a qualified and licensed instructor, furnishing pick-up and drop-off service at a pre-determined location if applicable.
****Please note** An additional fee may be required if the student lives far away.**
6. All materials will be provided in the classroom.

Student's Name (print) _____ Student's Signature _____

Parent/Guardian's Name (print) _____ Parent/Guardian's Signature _____

For office use only: School License # _____ Instructor's License # _____

Signature of Instructor _____ Date _____



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Student's Emergency Information

Today's Date _____

Student's Name _____ Student's Phone # _____

Student's Email _____

Student's Home Address _____

Mother's/Guardian's Name _____ Email _____

Mother's Place of Employment _____

Mother's Phone # _____ Work # _____

Father's/Guardian's Name _____ Email _____

Father's Place of Employment _____

Father's Phone # _____ Work # _____

ALTERNATIVE EMERGENCY CONTACT PERSON _____

Relationship to Student _____

Phone # _____ Work # _____

PRIMARY HEALTH INSURANCE PROVIDER _____ Phone # _____

Subscriber's DOB _____ Group # _____ Employer _____

SECONDARY HEALTH INSURANCE PROVIDER _____ Phone # _____

Subscriber's DOB _____ Group # _____ Employer _____

LIST OF ALL ALLERGIES _____