



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

afralix@jamesislanddrivingschool.com

This agreement is made today, _____ (date) between James Island Driving School, LLC and _____ (student), in consideration of the sum of money described below. This contract is valid for 12 months and additional fees may be charged if student fails to complete the course within 12 months.

STUDENT INFORMATION:

FULL Name _____ Phone # _____ Date of Birth _____
Address _____ Drivers Permit # _____ Issue Date _____ Expiration Date _____
City, State, Zip _____ School Student Attends _____ Grade _____
Parent's email address _____

Driving Courses DO NOT include the Driving Test

Teen/Adult BASIC 8-hour class with 6 hours behind the wheel. (Required for 15 & 16) Fee _____
Teen/Adult PREFERRED 8-hour class with 8 hours behind the wheel. Fee _____
Behind-the-Wheel Instruction -JIDS vehicle (2- hours). Fee _____
Pick-up/Drop-off (additional travel time, if applicable). Fee _____

Instructors will be assigned within 10 days. Instructors will call, text, etc. from various phone numbers. Please contact **your instructor** for ALL lesson questions, including scheduling, cancellations or concerns.
Under normal circumstances, lessons must be cancelled 24 hours in advance, to avoid a cancellation fee being imposed. If a fee is imposed, the fee **MUST** be paid in FULL, before any lessons can be rescheduled. Weather, such as rain, snow, hurricanes, national emergencies, etc. can cause lessons, tests, etc. to be cancelled and required to be rescheduled. We do understand emergencies can happen. Students will be rescheduled based on the availability of their instructor.

Testing: Minors MUST have parent/guardian present. Skills Test: Eligible after 180 days, Completed PDLA for (Age 15 &16) (Student's car: Insurance & Registration Required)

Beginners Permit Test (Knowledge Test)	\$10	No Charge for Current Students
Driving Test in Student's Car (Skills Test)	\$75	
Driving Test with one of our vehicles (Skills Test)	\$75	

The DMV has the right to randomly re-test, by their lottery system, any student that takes the Skills Test at any Private Driving School. JIDS does not guarantee that any student will pass the Driving test or receive their SC license because it is based solely on their ability, at the time of testing.

Copy of Certificate of Completion- (lost, damaged, etc.)	\$10	Shredded after 3 years per SCDMV
CANCELLATION FEE (no show, less than 24 hrs., student at wrong location).	\$35	No additional lessons will be scheduled until paid in full.
Student did not complete the course within 12 months	\$100	Additional fee per each year past the original 12 months.
NSF, Closed ACCT, Charge Backs, etc.	\$35	

Please list all known medical conditions that may affect the student's driving abilities. (Please Check)

Hearing Autism spectrum vision motor skills epilepsy seizures neck stroke heart diabetes asthma ADD ADDHD

Other _____

JAMES ISLAND DRIVING SCHOOL, LLC will provide:

1. The most up-to-date behind-the-wheel driver training in the Charleston area, using our vehicle, with an automatic transmission and extra brake pedal.
2. A certified SCDMV Driving Instructor who is licensed, bonded & insured to teach Drivers Education.
3. All classroom material.
4. Pick-up & drop-off within a reasonable distance from our location. Some students will be required to meet at a designated location.
5. A Certificate of Completion for a completed Drivers Education Course. (One copy to be kept by you, until the student is 25 years of age).
6. Receipt for services rendered.

All sales are final and non-refundable.

Student's Name (Print) _____ Student's Signature _____ Date _____

Parent/Guardian's Name (Print) _____ Parent's signature _____ Date _____

Instructor's Signature _____ Date _____ Instructor's License # _____

School License Number A-315



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Student's Emergency Information

Today's Date _____

Student's Name _____ Student's Phone# _____

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 _____

KNOWN ALLERGIES _____