L&B Driving School

3749 Douglas Avenue
Racine, WI 53402 (262) 639-3007

Name (last)_____ (first)_____ (Middle Initial)_____

Address _____ City _____ Zip: _____

Parent Phone_____ Student Cell Phone:_____

Date of Birth_____ High School_____

AGREEMENT: As required by the State of Wisconsin pursuant to the provisions of section 343.71 (a) of the motor vehicle code. The agreement between the student and the school shall consist of the following charges and obligations:

1. It is agreed that the school will comply with the State laws concerning enrolled students under the age of 18 by electronically issuing a State Certificate of Completion (MV3192) to the DMV upon completion.
2. It is understood that all road instruction will be given in dual-brake controlled cars.
3. The school will NOT refund any tuition or part of payment if the school is ready, willing, and able to fulfill its part of the agreement.
4. Students must start driving within 60 days from the day the application for their permit is signed.
5. All fees are due on the first day of class, unless arrangements are made in advance.
6. A $30 charge will be applied for all returned checks.
7. Students are required to have 30 hours classroom, 6 hours driving and 6 hours observing.
8. A $40 fee may be imposed for failure to notify the school within 24 hours of a cancellation of a behind-the-wheel lesson. The fee is due by the next BTW session.
9. Students will be dropped from the course for disruptive, abusive or disrespectful behavior towards any instructor or student.

"This constitutes the entire agreement between the school and the customer, and no verbal statement or promises will be recognized" (WI stat 343.72(4)).

Total Due: $495.00 if paid in full
($100 due to reserve a spot)

Date: _____ (cash, chk#, charge) Receipt#: _____ Amount Paid: _____

Date: _____ (cash, chk#, charge) Receipt#: _____ Amount Paid: _____

Date: _____ (cash, chk#, charge) Receipt#: _____ Amount Paid: _____

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

Instructor: _____ Date: _____

Contract #