



Steer Clear Driving School Service Agreement: Road Test

Student Name: _____ **Date of Birth:** _____
Street Address: _____ **City:** _____ **Zip:** _____
Parent Phone #: _____ **Student Phone #:** _____
Email: : _____

Locations and Fees (please check box that applies)

- ☐ Pick up at home and take test in Lodi- \$175
- ☐ Pick up at home and take test in Wayne - \$200
- ☐ Meet student in Lodi and take test- \$125
- ☐ Meet student in Wayne and take test- \$150

Date of Test: _____ **Time of Test:** _____

Road Test Services:

• At home pickup or meet at testing center • Putting the student behind the wheel for a mini review/practice if applicable • Waiting in line with student reviewing road test expectations • Taking the road test in a dual controlled vehicle.

Payment (please check box that applies)

- ☐ Check made payable to "Steer Clear Driving School LLC" on the day of the test.
- ☐ Complete the credit card information on the back of this form
- ☐ Cash on the day of the test.

Processing of the Probationary License

Due to the heavy volume of customers at MVC, we cannot wait for the student to purchase their license. Parents need to meet their student at MVC to sign the required consent form for the provisional license & transport home.

Cancellation Policy

1 Full Business Day advanced notice is required for canceling an appointment or the student will be charged a \$75.00 fee.

Acceptance

This constitutes the entire agreement between the school, the student and parent or guardian and no verbal agreements will be recognized. The student may rescind the agreement within 72 hours of the first (1st) lesson and upon such rescission shall receive a refund for any lesson or service not conducted or provided. I have read, understand and comply with every provision of this agreement and by my signature, hereby certify that I accept and agree to abide by them.

Parent/Guardian: _____ **Date:** _____

Return this form to : info@steercleardrivingschool.com

Credit Card Information: Visa or Mastercard only- a 3% processing fee will be added to the total

Name on Credit Card: _____

Credit Card # : _____

Expiration Date: _____

CVV code: _____ (3 digit code)

Signature of Cardholder _____

Signature authorizes Steer Clear Driving School to charge the above credit card for Driver Education services and acknowledges that the cardholder has read and agrees to the refund policy. If you have any questions regarding your payment, please contact Steer Clear Driving School.

Refund Policy: No refunds issued once the Student Permit is purchased. Prices are subject to change and are based on when a student begins the Behind-the-Wheel course.

Written and Vision Examination Site | Member of the Driving School Association of NJ | Drive Safer Certified™ School

Steer Clear Driving School is licensed by the State of New Jersey. License#: 000397