

HEAD START DRIVING, LLC.
ARCADIA, LOUISIANA 71001 318-245-6566
38 HOUR CONTRACT

I hereby acknowledged on this date ___/___/___ an Agreement has been made between **HEAD START DRIVING, LLC.** and _____ (student), for the 38 Hour Driver's Education Course for the month of: _____. This course will consist of 30 Classroom Hours and 8 Hours of Behind the Wheel Training. The driving lessons will be given in the school's vehicle equipped with dual brake controls, inside rear view mirrors, and rear view mirrors on each side of the car.

I acknowledge that the **fee for the 38 Hour Course is \$400.00.** This fee must be paid in full and all requirements must be met, before a Certificate of Completion will be issued. **There will be a \$50.00 no show fee** if the student doesn't show up for their scheduled driving appointment unless canceled 24 hours in advance. There may also be a \$25.00 extra charge if we have to drive the student outside the 40 mile radius of where they took the class. **The Driving portion is a process and may take up to 120 Days (3 Months) to complete.**

I acknowledge I have received a copy of the Parent Information and Course Guide.

I acknowledge this Class is a Study Course to prepare the student for driving on Louisiana Highways and Knowledge of Louisiana Laws. **This Class does not guarantee that the student will pass the state written test or obtain a driver's license.**

*****At the end of this course we will give your student the State OMV Written Knowledge Test.** Your student must score an 80 or above to pass. If your student does not make an 80 they may retake the test once the same day. If still unsuccessful after the 2nd attempt, you may call us and make an appointment to retest for a \$25.00 fee. Your student must pass the Written Knowledge test prior to starting the driving portion of this course.

STUDENT: _____ DOB _____ AGE _____

ADDRESS: _____ CITY/STATE: _____ ZIP _____

SCHOOL _____ GRADE: _____ EMAIL: _____

PARENT NAME: _____ HOME # _____ WORK# _____

PARENT CELL# _____ STUDENT CELL#: _____

PARENT SIGNATURE _____ DATE: _____

****By Signing this Contract you agree and acknowledge all the above****

Please tell us how you heard about our School??

___ Cable TV ___ School ___ Signs ___ Newspaper ___ Friend/Family ___ Movie
Theater ___ Magazine ___ FACEBOOK ___ Twitter
___ Instagram Other _____

**If your student chooses to participate in a group picture/classroom snap shots may we display them on our Facebook page? Yes No

