Student: (last) (first) (middle)

Address: City: Zip:

Home Phone: Age: D.O.B.:

Temporary Instruction Permit (TIP) #: TIP Issue Date: Cell # :

Dates/Times of BTW Instruction:

**ADULT BTW PROVISIONS**

1. **PREMIER DRIIVNG ACADEMY, Inc. will conduct the BTW instruction in a dual-controlled automobile that is insured by the Provider to cover each student enrolled in the program.**
2. **The Student must be at least 18 years of age by the first day that BTW instruction is given. Verification by a copy of the temporary instruction permit is required.**

**ADULT BTW TERMS**

1. The Student agrees to purchase: **2 hours or 4 hours or 6 hours or 8 hours or** instruction at **$\_\_\_\_\_\_** per **(1) hour** of BTW instruction for a total of: **$ \_\_\_** . The total amount must be paid on or before the first BTW instruction in the form of; cash, check.
2. A fee of $30.00 will be charged if 24 hours advance notice is not given for a driving appointment cancellation

**REFUND POLICY**

1. After the beginning of BTW instruction, no refund shall be given.

**ACCOMMODATIONS/MEDICAL CONDITIONS**

1. Does the Student require any special accommodations to participate in the BTW phase (e.g., adaptive devices, an interpreter, etc.)? Yes No If Yes, please explain:
2. Are there any medical conditions that would pose a concern with the Student’s BTW instruction (e.g., epilepsy, color blindness, etc.)? Yes No If Yes, please explain:
3. Is the Student taking any medications that may affect his/her ability to drive a motor vehicle safely? Yes No If Yes, please explain:
4. In the last six months, has the Student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness? Yes No
5. In the last six months, has the Student had a physical or mental condition which would affect his/her ability to drive a motor vehicle safely? Yes No

Date: Student Signature:

Date: PREMIER DRIVING ACADEMY Inc. By: Owner/President (**EXAMPLE – DO NOT TYPE IN CONTRACT,** Provider Name Signature of Provider Owner Title)