



## CAYMAN DRIVER'S ED

(MAKING BETTER DRIVERS)

### PICCADILLY CENTER

28 ELGIN AVENUE

GEORGE TOWN GRAND CAYMAN

P.O.BOX 11280 KY1-1008

Office (345) 769 0033 | Cell (345) 547-5133

Email: Admin@caymandriversed.com | Info@caymandriversed.com

Office Hours: Monday to Friday 9:00am- 5:00pm.

STD\_\_\_\_\_

### APPROVED DRIVING LESSON/S AGREEMENT

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
FIRST MIDDLE LAST

Street Address \_\_\_\_\_ Nationality \_\_\_\_\_

Email: \_\_\_\_\_

The total hours purchased for this course are \_\_\_\_\_. This course consists of private driving lessons of Behind the Wheel (BTW) instruction and orientation sessions. BTW instruction will start from the student's residence or CDED's office.

The total course fee of \$\_\_\_\_\_ is per hour, payable in full upon enrollment. We accept cash, DC/CC, or local bank transfers (**NO PERSONAL CHEQUES**)

LL/DL Permit # \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Expire: \_\_\_\_\_

CAYMAN DRIVER'S ED will conduct the BTW instruction in a company marked automobile, fully insured and licensed

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

1. Does the student require any special accommodation to participate in the behind-the-wheel private lessons (i.e. adaptive devices, an interpreter, etc.)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

2. Is the student taking any medications that may affect his/her ability to drive a motor vehicle safely?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

3. Are there any medical conditions that would pose a concern with the student's behind-the-wheel private lesson(s) (epilepsy, asthma, color blindness, hearing loss)?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

4. Is the student's visual acuity at least 20/40 corrected? Yes \_\_\_\_\_ No \_\_\_\_\_

5. In the last six months, has the student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. In the last six months, has the student had a physical or mental condition which affected his/her ability to drive a motor vehicle safely?

Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to question 4 is no, or either of questions 5 or 6 is yes, then the student driver must provide a letter signed by their personal physician indicating that the condition has been corrected and/or is under control, and the driver meets the physical and mental requirements for a motor vehicle operator's license under traffic laws of the Cayman Islands.

**AUTHORIZED DRIVING INSTRUCTOR**



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**BY SIGNING BELOW, I AGREE THAT I HAVE READ AND UNDERSTAND THE PROVISIONS OF THIS CONTRACT.**

STUDENT SIGNATURE

DATE

ADMINISTRATION

DATE

PAYMENT RECEIVED

**NOTICE:** This company is required to be licensed by the Cayman Islands Government. Completion of driver training instruction does not guarantee qualification for a full CI driver's license. CDED reserves the right to terminate this agreement at any time should student/s be deemed to be negligent / reckless or behaves in a manner that may/will cause harm or discomfort to other students, road users, and/or instructors. Fees paid will not be refundable, transferable or used as credit to any other services. **PLEASE NOTE THAT SCHEDULED DATES & TIMES OF LESSONS MAY BE SUBJECTED TO CHANGES DUE TO UNFORSEEN SITUATIONS/CIRCUMSTANCES. LESSON/S CAN ONLY BE RESCHEDULE UP TO TWO TIMES WITHOUT ADDITIONAL COST. PLEASE READ YOUR LESSON REMINDERS AT ALL TIMES THAT ARE SENT TO YOU.**

✓ Copy of Learner's license on file.

**Driving Lessons: (cancellation no less than 8 hours is required for lesson to be rescheduled)**

	DATES		TIMES	
(1)	M   T   W   T   F   S   S	_____ @ _____	AM / PM	Total hours _____
(2)	M   T   W   T   F   S   S	_____ @ _____	AM / PM	Total hours _____
(3)	M   T   W   T   F   S   S	_____ @ _____	AM / PM	Total hours _____
(4)	M   T   W   T   F   S   S	_____ @ _____	AM / PM	Total hours _____
(5)	M   T   W   T   F   S   S	_____ @ _____	AM / PM	Total hours _____
(6)	M   T   W   T   F   S   S	_____ @ _____	AM / PM	Total hours _____
(7)	M   T   W   T   F   S   S	_____ @ _____	AM / PM	Total hours _____
(8)	M   T   W   T   F   S   S	_____ @ _____	AM / PM	Total hours _____
(9)	M   T   W   T   F   S   S	_____ @ _____	AM / PM	Total hours _____
(10)	M   T   W   T   F   S   S	_____ @ _____	AM / PM	Total hours _____
(11)	M   T   W   T   F   S   S	_____ @ _____	AM / PM	Total hours _____
(12)	M   T   W   T   F   S   S	_____ @ _____	AM / PM	Total hours _____

PRACTICAL ROAD TEST (PRT) DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**AUTHORIZED DRIVING INSTRUCTOR**