

Student's Signature

Scenic Valley Driving School 522 Seminary Street, Lodi, WI, 53555 Application and Agreement Form

Date		Agreement Number			
Students Name		(Assigned by the Driving School) DOB (First, Middle Initial, Last)			
Students Name _	(First, Middl	e Initial, Last)	DO		
Address		. ,			
City	St	ateZip (Code Phone		
Parent/Guardian	's Name				
Parent/Guardian	's Email				
For in-perso	n classes, please circ	le the location j	you prefer and choose	a starting date:	
Columbus		Lodi Date:	Sauk Prairie	Waunakee	
We	accept payment by cash, check,	money order or Visa/M	MasterCard/Discover/American E	express	
Card #:		Expira	ation Date:	CVV Code:	
Online Class hours of in-ca Full Paym	room + Behind-the-var instruction. Access nent Required: \$525.	Wheel: to include code provided of the code of the cod	00 due at last classroom de 30 hours of Online I once payment is receive Instruction. Behind-the	Instruction and 12 ed.	
payment is rec	•		ng School. Access cod-	e provided once	
	Wheel Course: to i		s of in-car instruction		
Full Paym	ent Required: \$450.	00 is enclosed.			
Private Drivi	ing Lessons: to include	lehours a	at \$75.00 per hour.		
misses a scheduled dr tuition if the school is	iving lesson. I also unders ready, willing and able to	tand and agree that fulfill it's part of tl	stand that I will be billed \$5 t the school will not refund his agreement. This constitu- nent or promise will be reco	any tuition or part of ites the entire	

Parent/Guardian's Signature

Driving School Signature