

RIGHT WAY DRIVING SCHOOL

SERVICE AGREEMENT

NAME OF STUDENT _____

ADDRESS _____

TOWN _____ ZIP _____ TELEPHONE NUMBER _____

DATE OF BIRTH ____ / ____ / ____ HEIGHT _____ WEIGHT _____

EYE COLOR _____ SOCIAL SECURITY# _____ - _____ - _____

I GIVE MY CONSENT TO HAVE _____
TAKE THE BEHIND-THE-WHEEL DRIVER EDUCATION PROGRAM WITH RIGHT WAY
DRIVING SCHOOL.

_____ PARENT/GUARDIAN'S SIGNATURE

RIGHT WAY DRIVING OFFERS THIS PROGRAM TO THOSE WHO ARE AT LEAST 16 YEARS OF AGE. STUDENTS RECEIVE (6) HOURS OF "BEHIND THE WHEEL" IN A DUAL CONTROLLED VEHICLE WITH A STATE LICENSED INSTRUCTOR. THIS PROGRAM IS OFFERED (12) MONTHS A YEAR, WITH PICK-UP SERVICE AT HOME ON WEEKDAYS & WEEKENDS.

THE FEE IS _____ FOR SIX (6) HOURS OF DRIVING LESSONS. THE FEE IS PAYABLE WHEN THE LESSONS BEGIN, PLUS A \$10.00 MOTOR VEHICLE FEE FOR A PERMIT.

If a check made to Right Way Driving School is returned for any reason, there is a fee of \$25.00 per returned check. The amount due must be paid in CASH or MONEY ORDER along with any court or attorney fees.

To cancel a lesson and reschedule that lesson, 24 hours advance notice is required or the student may be charged for that lesson. Cancellation must be made at the phone number listed above. Appointments must be mutually agreed upon for date, time and location. The student may rescind the agreement within 72 hours of the first lesson and upon such rescission shall receive a refund for any lessons or services not provided. Upon completion of six-hour program all permits will be validated by driving school.

RETURN THIS FORM AND THE REQUIREMENTS ON THE CHECK LIST BELOW TO:

**RIGHT WAY DRIVING SCHOOL
83 EAST LINDSLEY ROAD
CEDAR GROVE, NJ 07009**

ANY QUESTIONS PLEASE CALL: CLAUDIO CANONACO, PROPRIETOR (973) 812-9088

1. _____ STUDENT LEARNER PERMIT APPLICATION (GREEN CARD) COMPLETE AND SIGNED BY STUDENT AND PARENT.
2. _____ **ORIGINAL** U.S. BIRTH CERTIFICATE, OR U.S. PASSPORT OR FOREIGN PASSPORT WITH A I-94 VISA, OR ALIEN CARD. (DMV will not accept copies)
3. _____ A \$10.00 CHECK PAYABLE TO N.J. MOTOR VEHICLE COMMISSION (NJMVC). **DO NOT DATE THE CHECK.** OR CASH.
4. _____ **ORIGINAL SOCIAL SECURITY CARD.** MUST BE SIGNED BY THE STUDENT.
5. _____ PARENTAL ADDRESS VERIFICATION FORM. FILLED OUT COMPLETELY.