

This Form Must Be Turned Directly in to the Community School Office.

Contract Number: _____

Gwinnett County Schools Contract for Driver's Education
Peachtree Ridge Community School, 1555 Old Peachtree Rd. Suwanee, GA, 30024

The classroom portion will be held at Peachtree Ridge High School. The telephone number is 678-957-3103.

Dates: _____

Times: _____

Parent/Guardian Initial below -Drivers Education REQUIREMENTS

_____ Attendance (30 hours) in the classroom is mandatory. Absolutely **NO** absences are allowed. Students who are absent are required to drop the current class and reapply to the next available class.

_____ Student must have basic driving skills before taking Drivers Education class.

_____ The cost of the Driver's Education course at PRHS Community School is **\$345**. This fee includes 30 hours of classroom instruction and 6 hours of road instruction. **A copy of the student's learner's permit must be submitted with payment and completed contract.**

_____ This school is licensed by the Georgia Department of Driver Safety (DDS), which requires that each student complete **30 hours of classroom instruction and 6 hours of road instruction for a total of 36 hours**. Student must complete all Drivers Education requirements within 90 days from the last day of the classroom portion or certificate will be forfeited. Each student receives a certificate if a minimum grade average of 70% on each unit and the final exam is earned and when all 36 hours of instruction are completed. Drivers Education Certificates can be pick up at the Community School Office two weeks after the student has finished their scheduled Driving. If the student fails to appear for a pre-scheduled driving appointment or additional road instruction is requested the fee of \$40 per hour is paid in advance.

_____ It is the responsibility of the parents to provide transportation for the student to and from the Driver's Education classes and driving appointments located at Peachtree Ridge. All Gwinnett County school rules are in effect while a student is on campus and while participating in the driving portions of the class. The completion of the course does not in any way, directly or indirectly; imply that the student will receive his/her driver's license from the state of Georgia or any other state.

_____ **Notification of cancellation must be received within 2 business days prior to the start of the class in order to receive a full refund. No refunds are given once the class has begun.** The road instruction may be forfeited if the student does not attend the classroom portion or neglects to notify the driver education instructor that he/she is not able to drive during the assigned time. The student has 90 days from the last day of the classroom portion to complete the driving portion unless pre-arranged. The Community School's liability insurance follows the car and provides the maximum coverage possible of \$500,000/person/ accident/property. Parents and/or guardians of students who operate a Gwinnett County Public Schools' driver's education vehicle may incur personal liability in some driver-at-fault accidents. Each instructor is licensed by the DDS. Peachtree Ridge Community School is licensed by the DDS in accordance with Title 43-13-1. A performance bond of \$2,500 is maintained for the protection of the contractual rights of the students.

COMPLETE ALL BLANKS BELOW. (PLEASE PRINT)

Student FULL LEGAL Name _____ Birthday _____

PRHS student? Y__ N__ If not, which school? _____ Student School I.D. _____

Learner's Permit # _____ Expiration Date _____ Restrictions _____

Parent/Guardian: _____ Home # _____ Cell # _____

Address, City, State, Zip _____

PERSON RESPONSIBLE FOR THE PAYMENT OF THIS CLASS

Name (print) _____ Daytime Phone _____

Address, City, State, Zip _____ E-Mail _____

Signatures indicate that student and parent understand and agree to the information contained in this contract.

Student's Signature _____ Parent's Signature _____ Date _____

PAYMENT: Make checks payable to Peachtree Ridge Community School. Fee -- \$345.00

Cash (receipt) _____ Check # _____
.....
(Please do not write below this line)

Date Rec'd _____ Signature _____ DE _____ Total _____ Paid-in-Full _____

