THIS FORM MUST BE COMPLETED AND RETURNED TO THE COMMUNITY SCHOOL OFFICE. Student I.D./Contract Number: DT 134

Gwinnett County Schools Contract for Driver's Education Norcross Community School, 5300 Spalding Drive, Norcross, GA, 30092

This is a contract for 6 hours of Behind the Wheel Drivers Education Instruction. If you have any questions, please contact the NHS Community School. The telephone number is (943) 456-9532.

Dates:	Times:		
Parent/Guardian Initial on the b	planks below – 6 Hours of	Road Instruction Drivers Edu	ucation REQUIREMENTS:
Proof of completion in a D Driving InstructionStudent must have basic driving			d prior to the Behind-the-Wheel
instruction. A copy of the student'sThis school is licensed by the classroom instruction and 6 hours of the date of the contract or certificate road instruction is requested the feeIt is the responsibility of the par appointments located at Norcross High participating in the driving portions of student will receive his/her driver's license.	learner's permit must be sub Georgia Department of Driver S f road instruction. Student me will be forfeited. If the student of \$60 per hour will be paid. The state of provide transportation for the class. The completion of the class. The completion of the class is the state of Georgia must be received within 2 burefunds are given once the iducation instructor that he/she is	Safety (DDS), which requires that out complete all Drivers Education fails to appear for a pre-schedule or the student to and from the Drives school rules are in effect while a stuthe course does not in any way, a or any other state. Is iness days prior to the first sonstruction has begun. The road	leted contract. each student complete 30 hours of requirements within 90 days from a driving appointment or additional er's Education driving udent is on campus and while directly or indirectly, imply that the cheduled driving appointment in instruction may be forfeited if the
C	COMPLETE ALL BLANK	S BELOW (Please Print)	,
Student FULL LEGAL Name	Birthday		
Email:			
NHS student? Y N If not,	which school?	Student Scho	ool I.D.
Learner's Permit #	Expira	Expiration Date Restrictions	
Parent/Guardian:	Cell #	Student F	Phone #
F	PERSON RESPONSIBL	LE FOR THE PAYMENT	-
Name (print)		Daytime Phone	
Address,City,State,Zip		E-Mail	
Signatures indicate that studer			
Student's Signature	Date	Parent's Signature	Date
PAYMENT: Through MyPaymer	ntsPlus or Check payable	to Norcross Community Sch	ool. Fee - \$385
Cash (receipt)	Check #	MPP Confirmation	า #