

Contract for Driver's Education
Gwinnett County Public Schools
South Gwinnett Community School

The cost of the Driver's Education course is \$ 345.00. This fee provides:

- 6 hours of behind-the-wheel instruction. (Additional road instruction is available for a fee of \$45 per hour.)

Requirements/Information:

Students must have a learner's permit to register for the course.

All driving begins and ends at South Gwinnett High School.

Course completion does not directly or indirectly imply that the student will receive a driver's license from the State of Georgia or any other state.

No refunds are given once the class has begun.

The lessons may be forfeited if the student does not attend the classroom portion or neglects to notify the driver's education instructor that he/she is not able to drive during the assigned time.

The student has 90 days from the last day of classroom portion in which to complete the driving portion of the program (unless other arrangements have been made with the instructor).

There is a cost of \$5 to replace a lost certificate.

The Gwinnett County Board of Education purchases liability insurance with the following limits:

\$500,000 - Bodily Injury - per person/per occurrence

\$500,000 - Property Damage - per occurrence

\$1,000 - Medical Payments - each person

\$100/300/25 - Uninsured Motorist coverage

Parents and/or Guardians of students involved in the driver education program should be aware that personal liability may be incurred if a student operates a vehicle without the permission of the driver education instructor or if a student is involved in a serious accident for which he/she is allegedly responsible and the claims exceed the limits of the Gwinnett County Board of Education's insurance policy.

Each instructor is certified by the DDS and in accordance with Title 43-13-1 (The Driver Training School and Commercial Driver Training School License Act). They also comply with the rules and regulations of the Department. The school is also bonded in the amount of \$10,000.00 and will be maintained for the protection of the contractual rights of the students by an authorized bonding company.

(This must be filled out)

The name and address of the person responsible for payment is:

Home Phone: _____

Work/Cell Phone: _____

Signatures indicate acceptance of the terms of this contract and indicates receipt/or payment.

Student's Signature

Print Name

Date

Parent/Guardian Signature

Print Name

Date

School Representative

Print Name

Date

OFFICE USE ONLY

Payment Type: _____ Check Number: _____ My Payments Plus Number: _____

Balance Due: _____ Paid in Full: _____

Learner's Permit Number: _____ Student Date of Birth: _____