



# **Allegany Driving School**

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Name: First MI Last DOB

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Parent Name

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Street Address City State

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Phone Phone 2

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Driving Experience Permit Y/N

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Health Issues (Driving Related)

- I am aware that students may not be scheduled to drive until full payment has been received by the driving school.
- I am aware that all class time and driving time is required prior to successful completion.
- I am aware that I must give 24 hours notice if a scheduled driving appointment must be canceled. A \$25 penalty must be paid from the student to the in car instructor if proper notice is not given.
- I am aware that no more than 1 class session may be missed without penalty.
- I am aware of the risks involved with learning to drive and give permission to the driving school to train and educate this student in accordance with the MD Standardized Curriculum.

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Parent Signature

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Student Signature

Students will be contacted by phone or in class regarding driving appointments. Please inform the classroom instructor of special concerns related to vacation, permit expiration, and in car instructor requests.

Questions regarding these policies and other driver education issues may be directed to Mr. Baker at 301-724-2224.