

www.asafewaydriving.com

A SAFE WAY DRIVING SCHOOL, LLC DRIVER EDUCATION CORRESPONDENCE COURSE

Enrollment Agreement

I am submitting application for enrollment in A Safe Way Driving School, LLC, Correspondence Course. Along with a completed application I am submitting the enrollment fee of \$120.00 made payable to "A Safe Way Driving School, LLC." Acceptable forms of payment are personal check, cashier's check, or money order. Materials will be mailed seven (7) business days after receipt of payment in order to allow for bank processing.

I will be considered a student of A Safe Way Driving School, LLC, upon acceptance of my application and processing of enrollment fee. The course will officially begin on the date of acceptance at the bottom of this form.

Refunds on tuition are only possible within three (3) months of enrollment.

A code word will be supplied to each student upon enrollment to include with the online test submission. As the student, I agree that I will not share my answers with anyone. This will authenticate and attest that I am the one taking the test with no assistance from any other person.

A Certificate of Completion (diploma) will be awarded to students who pass the course with a 60% or better grade. This certificate may aid in applying for discounts with auto insurance carriers.

It is the responsibility of the student to:

- 1) Confirm acceptance of A Safe Way Driving School, LLC, Correspondence Course for the purpose of obtaining a discount of insurance premiums with the auto insurance carrier or its licensed agent, and
- 2) verify with the state division of motor vehicles that this course is acceptable in lieu of a classroom course.

Questions regarding the Enrollment Agreement, Student Application, and program policies, procedures, and content may be addressed in writing, via email, or by phone to John Mumma, owner, A Safe Way Driving School, LLC. A Safe Way Driving School, LLC, is licensed by the State of Pennsylvania Department of Education.

I certify that: 1) I am at least 15 years of age, with no mental and physical impairment that would prohibit completion of this program, 2) I have read the above and agree to its contents, and 3) I agree to follow the policies and procedures set forth by A Safe Way Driving School, LLC, Correspondence Course.

Student Signature _____

Date _____

Parent Signature _____

Date _____

(required if student is under 18 years of age)

For office use only:

Representative Signature _____

Date _____

(John Mumma, owner, A Safe Way Driving School)

www. asafewaydriving.com

**A SAFE WAY DRIVING SCHOOL, LLC
DRIVER EDUCATION CORRESPONDENCE COURSE**

Application

Student Information (please type or print)

Name _____

Address _____

City/State/Zip _____

School _____ Date of Birth _____

Age _____ Grade _____

Phone _____ Email _____

Parent/Legal Guardian Information (required for students under 18 years of age)

Name _____

Address _____

City/State/ Zip _____

Home Phone _____

Work Phone _____

Email _____

As a condition of enrollment, I, the student, understand that my work will be done by me with no help from any other person. I also understand that I will be assigned to a "code word" upon enrollment. This "code word" will not be disclosed to anyone and must be included on each test submitted through the website. The tests submitted online are graded and results are returned quickly.

Student Signature _____ Date _____

Parent Signature _____ Date _____

(required if student is under 18 years of age)