

A-Team Driving School 244 N. Main Street Mullica Hill, NJ 08062 www.Ateamdrive.com 856-417-3355

## Road Test Schedule/Checklist

Date:		
Student Name:		
Student's Address:		
Student Phone Number:	_	
Parent/Guardian Phone Number:		
Road Test Location:		
Test Date: Test Time:		
Pick-up/Drop-Off Address:		
Pick-up Time: Instruct	tor:	
All Material below must be provided to A-Team Driving School Prior to the Road Test.		
Completed Road Test Service Contract	Payment to A-Team Driving School	
Logged in Book	Logged in Computer	
Covid Waiver		

 $More\ information\ about\ the\ student's\ instructor\ and\ car\ can\ be\ found\ on\ our\ website\ at\ www. ateamdrive.com$ 



## Terms of Agreement for Basic Road Test Service Contract Agreement

This agreement for driving instruction is se	ervice between <b>A-Team Driving School</b> and
(parent/guardia	n) and
(student) who reside at	(address)
This agreement is for brief driving instruction revi	·
picked up in a time that allows for sufficient pract then be given time to practice for their road test of student will utilize the A-Team Driving School veh completion of the road test, I understand that my nearest Motor Vehicle Agency to procure a Provis	where, upon expiration of practice time, the icles to complete the road test. Upon child will <b>NOT</b> be taken after the test to the ional License. The student will then be
dropped off at the previously agreed upon location	
\$175.00 for the Salem testing location and \$200 testing locations. No refunds will be issued after	
rescheduled/cancelled within 7 days of the scheduled	_
charged in order to reschedule the test.	,
Any changes to the items outlined in this cand added to the original contact prior to the sign added in the comments section and initialed and	
SIGNATUR	E PAGE
Comments:	
I have read and agree to the terms outlined in this	s document.
Parent/Guardian/Student Signature (if over 18)	Date
Carl Offer	_
A-Team Driving School Owner Signature	Date

