

Grace Driving School LLC

OFFICIAL RECORD CHECK LIST ROAD TRAINING SHEET

- ◇ Skill Training Agreement
- ◇ Official School Record
- ◇ Training Record
- ◇ Final Evaluation Score Sheet
- ◇ Copy of Documents
- ◇ Training Completion Certificate

Student Name (print)

Date Started

Instructor Signature

Date Completed

7820 N 27th Ave
Phoenix AZ 85051
⇒ Cell :602 702 8087
⇒ Off

Grace Driving School

WRITTEN / SKILLS TRAINING EVALUATION AGREEMENT

Whereby a student makes an application and request for a written / skills training evaluation Grace Driving School will honor that request providing they meet all of the requirements set forth by the Motor Vehicle Division of proving authorized presents and are of the proper age at the time of the request.

After verification of age and the documents provided Grace Driving School . Will charge an administration fee of \$_____ for theirs services (THERE ARE NO GUATANTEES) with this agreement. Each student will be evaluated according to the rules and regulations set forth by the Motor Vehicle Division and a score of 80% must be obtained in obtained in order to pass the evaluation. Any student who fails to obtain a passing score on their first attempt will be allowed two more chances with no extra charges. However, if a student fails to obtain a passing score after three attempts, they will then be rescheduled for more classes at an additional cost. When the fee is paid the student can attend the next scheduled class session provided by Grace Driving School.

If the student fails either the written/skills training evaluation, they can't be re-evaluated until the next business day.

If for any reason a refund is warranted, then it will be pro-rated at an administrative fee of \$150.00 and \$50.00 fee per each hour instruction was provided.

Written / Skill Evaluation

Evaluation	Date	Result	Student Signature	Scored
01				%
02				%
03				%

Student Name _____

Instructor Name _____

Grace Driving School

Students official school record for the state of Arizona Motor Vehicles Division

Student Name _____

Instructor Name _____

Start—stop					
Steering					
Right turn—left turn					
Traffic					
Diagonal					
Lane changing					
Two way—one way					
Reverse					
Freeway					
Three Pt. Turn parking					
Parallel parking					
U— Turn					
Night Driving					
Practice Rd Eval					
Hour completed					
Student initial					
Date					

Student phone : _____

Permit number: _____

Address _____

Instructor sign : _____

Instructor Comments :

Grace Driving School

DISCLAIMER

It is agreed that an owner, instructor, or employee of Grace Driving School shall not give the impression directly or implied to a student that upon completion of the course the student will receive a license to operate a motor vehicle.

Upon completion of the 30 hour classroom program or the 10 hours behind the wheel and the student obtains an 80% average or above during their classes. Grace Driving School agrees to provide a Training Completion Certificate (TCC). **The school will not be responsible for any losses of a given certificate or a conflict with the Motor Vehicle Division document requirements, and / or re-evaluation.**

Grace Driving School will not refund any fees or partial fees due to this issue.

THANKS,

Grace Driving School .

Student signature _____

Manager signature _____

Date _____