Next Class:	Cherokee Driving School LLC TDLR License # C3349		
	120 E. Redd Rd. Ste. C El Paso, Texas 79932		1136 # C3349
Date:	(915) 760-5205		
Legal Name:		Permit #: _	
Address:		Date of Bir	th:
City, State, Zip:		Phone #:	
1. CLASSROOM INSTRUCTION (Number of lessons: 1 Length of (ADULT COURSES ONLY Course: 6 hrs Length of Lesson: 6 hrs	Cost per Hour: <u>\$11.70</u>	Course Rate: <u>\$80.00</u>
2. BEHIND-THE-WHEEL INSTRU Number of Lessons: as many as neede		Cost per Lesson: <u>\$45.00</u>	
		Non-refundable A	Administration Fee: \$20.00
OTHER POSSIBLE CHARGES	: Additional Lessons: \$40 per hour ~ Return	ed Check Fee: \$30 ~ No Shov	v/No Permit Fee \$25
Note - DPS Requirement: Two (2 Texas when applying for a Texas I Attendance/Absences The student must be on time for t classroom instruction, the student's of the There will be a \$ 25.00 nonrefundation fee must be paid before the student must contact the instructor within 24 Cancellation Policy A full refund will be made to any st Sunday, & legal holidays) after the	the classroom portion of the contract. If enrollment will be terminated and will have able charge applied for any no-show or minis allowed to schedule any further appoint hours prior to the scheduled appointment appointment who cancels the enrollment contract enrollment contract is signed by the pros	the student fails to attend to re-schedule this portion. ssed scheduled classroom of ments. In case of an emerge to avoid any charges. ct before midnight of the 3 rd pective student unless the	more than 15 minutes o (INITIAL) or driving appointment. The ency or illness, the studen (INITIAL)
Refunds If tuition is collected in advance of er class, terminates, or withdraws, the portion of the behind-the-wheel tuitio A full refund of tuition & fees is due & (a) an enrollee is not accepted by the (b) if the course of instruction is disco	e school. ontinued by the school at this location. rocured because of any misrepresentatior	our cancellation privilege, the relative expenses; & for the relation by the student.	emainder, shall refund tha
Student Signature	Total Amount of contract \$\\ Amount paid \$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		aid \$

Signature of School Director or Staff Member

Expiration Date: _____