



214-777-2860
info@elitedriving.academy

STUDENT ENROLLMENT CONTRACT AGREEMENT

Minor Adult

Name: _____

DL Permit # _____ Expire Date: _____

Home Address: _____

City: _____ State: _____

DOB: _____ Cell: _____ Alt #: _____

Email: _____

Transfer Student: Yes No

Original Certificate # _____ Elite Certificate # _____

LESSON PLAN CHOICE A B C

METHOD OF PAYMENT Office Use Only

Cash Credit Card Debit Card Business Zelle

Signature of Student _____ Date _____

Print Student Name _____

Signature of Parent _____ Date _____

Print Parent Name _____

School Representative _____ Date _____

Print Representative Name _____

*Please read entire contract and ask questions