

Drive Right Academy Inc.

Driving Skills Exam Registration Form

For Office Use Only

Permit Holder Information

Name (Full/Legal) First: _____ MI: _____ Last: _____

Address: _____

City: _____ ZIP: _____

Date of Birth: _____ Age: _____

DLN_(4d): _____ Date Issued_(4a): _____

Phone Contacts: Home: _____ Cell: _____



Fee/Requirements

The Indiana BMV Driving Skills Exam is \$75.00. Please note that the following additional fees may be assessed:

- \$30.00 for missed drives without a 24-hour notice
- \$25.00 for a returned check

In order for Drive Right Academy, Inc. to administer the Indiana BMV Driving Skills Exam, the permit holder must meet all of the following requirements/criteria prior to testing:

- Be older than 16 years and 270 days in age
- Have held the Learner's Permit for 180 days
- Has completed 50 hours of Supervised Driving Practice (State Form 54706)

Parent/Permit Holder Consent

I hereby give consent for my son/daughter to be enrolled in the Drive Right Academy Inc. driver education program for the sole purpose of having the Indiana BMV Driving Skills Exam administered. I understand that this does not include the thirty (30) hours of classroom instruction followed by six (6) hours of behind-the-wheel instruction. I understand that I am responsible for the safekeeping of permits issued by the BMV and that an additional fee may be incurred for a lost permit, whether it be the plastic or paper copy.

I understand that Drive Right Academy Inc. will not refund any fee, tuition, deposit, or any portion should the school be ready, willing, and able to fulfill its part of the contract. An owner, officer, instructor, agent, or employee of this school shall not state nor give the impression to a student/permit holder that upon completion of the Driving Skills Exam, they will guarantee the securing of a driver's license to operate a motor vehicle. It is further understood that the permit holder will hold Drive Right Academy, Inc.; the Bureau of Motor Vehicles; and the State of Indiana harmless for any injury sustained from any accident during the Driving Skills Exam.

Permit Holder's signature: _____ Date: _____
(Only if permit holder is age 18 or older)

Parent's signature: _____ Date: _____

Complete this registration form with check made payable to: **Drive Right Academy Inc.** and mail to:

Drive Right Academy Inc.
PO Box 670
Auburn, IN 46706

Course Fee: Driving Skills Exam: \$75.00
Hourly Lesson(s): \$75.00/hr

If you have any questions, please call us at 260-925-9473 or visit www.driverightinc.com