



Buggin' and Cruisin' Driving School, LLC

125 N. Chester Olathe, KS 66061

Fax: 913-814-8747

Phone: 913-397-8500

Student Application

PLEASE PRINT

Class date you wish to be enrolled: _____

Student Name _____

Last

First

Middle

Address: _____ City, State: _____ Zip Code _____

Birth date: Mo. ____ Day ____ Year ____ Sex: M F

Home Phone Number: _____ Fax Number: _____

Parent's Cell #: _____ Student's Cell #: _____

Parent's E-mail address: _____

Student must have a current instruction permit to attend the class and drive behind-the-wheel.

Permit #: _____; Expiration Date: _____.

Has your license ever been suspended or revoked or has an application been refused? Yes No

Do you have any mental or physical conditions, which would make it difficult for you to operate a motor vehicle safely? Yes No . If yes, state nature: _____

School currently attending: _____

What time do you get home from school? _____

How many hours of practice driving have you had?

0-5 hrs. ; 6-15 hrs. ; 16-25 hrs. ; 26-40 hrs. ; 41-50 hrs .

Payment of the fees shall be made as follows:

- A (\$220.00) deposit is due at time application is submitted. The balance is due on the day of the classroom session.
- Deposit, less (\$40.00) processing fee, is refundable up to seven (7) days prior to the classroom session. Deposit is nonrefundable seven (7) days or fewer prior to the classroom session. The deposit may be applied to another classroom session by paying a \$40.00 processing fee and based on classroom session availability.
- The behind-the-wheel driving schedule will be set by the parent and student using the Schedule2Drive program. A fee of \$40.00 will be incurred for each change to the driving schedule if change is made less than 48 hours. The fee must be paid prior to the next driving session.
- Fees for any additional driving sessions over six (6) hours will be due at the time of the session.
- Add \$60.00 for driving students living outside a 20-mile radius of the driving school (i.e.: Lansing, Leavenworth, Paola).

Student's signature: _____ **Date:** _____

Parent's signature: _____ **Date:** _____