



Student Information:

| | |
|--|-------------|
| First Name: | |
| Middle Name: | |
| Last Name: | |
| Address: | |
| City: | |
| State: | Zip: |
| Date of Birth (mm/dd/yy): | |
| Social Security Number: | |
| Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Home Phone: () | |
| Work Phone: () | Ext: |
| Mobile Phone: | |
| Student's Email Address: | |
| Parent's Email Address: (If applicable) | |
| Emergency Contact Phone: | |
| Emergency Contact: | |
| Emergency Contact Address or Relationship: | |
| Parent or Legal Guardian phone: (If student is under 18) | |
| Parent or Legal Guardian address: (If student is under 18) | |
| Student's Job / Occupation: | |
| School Currently Attending: | |
| Current Grade Level: | |

How did you Hear of Our Program? (Please Circle)

- | | |
|--------------------------|-------------------------|
| Internet | Radio |
| Bridgeway Center Website | I've Been Here Before |
| Phone book | Friends |
| Family | Other: (please specify) |

Florida Learners Permit

| | | | | | | | | | | | | | | | | | |
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If you have an out of state learners permit:

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|--|
| Initials of State and out of state DL#: |
|--|

Student Medical Information:

1. Please list all prescription medications you are taking: _____

2. Have you ever had a seizure? No Yes - If yes, please explain: _____

3. Do you have diabetes? No Yes - If yes, please explain: _____

4. Do you have a heart condition? No Yes - If yes, please explain: _____

5. Do you have any allergies that may result in an emergency (foods or medications)? No Yes - If yes, please explain: _____

6. Do you have any other medical problems that may result in an emergency situation? No Yes - If yes, please explain: _____

| | |
|---------------------------------|------|
| Student Driver Signature | Date |
| Parent/Legal Guardian Signature | Date |
| Witness Signature | Date |





Student Name _____

Driver License Number _____

STUDENT STATEMENT OF VOLUNTARY PARTICIPATION AND RELEASE OF CLAIMS

I hereby state that this application to participate is entirely voluntary on my part and is made with the understanding of the following: the training course involves moving vehicles being supervised by certified instructors and participation in this course subjects me to risk of serious, catastrophic, permanent injury, or even death.

I hereby release and agree to hold harmless Bridgeway Center, Inc., and their instructors from any and all liability, including any acts of NEGLIGENCE on behalf of an agent or apparent agent of any of these entities or another participant in the course.

 Student Signature

 Date

 Witness

 Date

PARENT/GUARDIAN STATEMENT OF PERMISSION AND RELEASE OF CLAIMS

I hereby give my consent for the above-named student to participate in the A+ Driving School of Bridgeway Center, Inc. I hereby state that this information has been given to me and I understand that:

- 1) The training course involves moving vehicles being supervised by a certified instructor and the above-named student's participation in this course subjects the student to a risk of serious, catastrophic, permanent injury, or even death.

I hereby release and agree to hold harmless Bridgeway Center, Inc., and their instructors from any and all liability, including any acts of NEGLIGENCE on behalf of an agent or apparent agent of any of these entities or another participant in the course.

 Parent/Legal Guardian Signature

 Date

 Witness

 Date

Student Driving Experience:

How much experience have you had driving behind the wheel of a vehicle and what locations have you driven?





Rules and Regulations

1. Please remember to dress appropriately for the driving lessons. This includes closed toe shoes (no flip flops/sandals), jeans/slacks/trousers (no shorts, skirts, dresses), and shirts/tops with sleeves. Turn off cellphone prior to the start of the lesson.
2. The appointment for the first lesson must be made at the time of registration. Once all paperwork has been completed please see the Customer Service Representative to schedule and confirm the first appointment. Payment is due at registration.
3. Sessions will start promptly at the time assigned. If the student is late, or does not show for the appointment, the lesson is forfeited.
4. Make up sessions will be charged at the rate of \$125 per behind the wheel session. This school will not refund any tuition or part of tuition if school is ready, willing and able to fulfill its part of this contract. Session must be scheduled within 6 months from enrollment, or enrollment fee will be forfeited
5. **Appointments must be cancelled 72 hours in advance to avoid forfeit of lesson.** This agreement constitutes the contract between the school and the student, and no verbal statements will be recognized.
6. **No one will be allowed to attend the session with ANY AMOUNT of ALCOHOL or CONTROLLED SUBSTANCE in his/her body. Attending the course with ANY AMOUNT of ALCOHOL or ILLEGAL DRUG in your body will result in cancellation of lesson and will result in FULL REPAYMENT OF FEES.**
7. Students under the age of 18 may not possess or consume any tobacco products.
8. Any student with a problem regarding Driving Schools services is welcome to speak to the program manager at 850-833-7474. If the program manager cannot resolve the problem, call the Bridgeway Center, Inc. Safety Regulatory and Quality Program at 850-314-1215.

The student, hereby agree to take professional driver instruction consisting of _____ lessons. The school agrees to furnish a dual brake car for all practical instruction without additional costs. Fee agreed is \$125.00 per session; a session consists of 120 minutes. **ALL FEES ARE NON-REFUNDABLE.**

| | |
|---|--------------------------------|
| 1st Appointment date: _____ | Appointment time: _____ |
| 2nd Appointment date: _____ | Appointment time: _____ |
| 3rd Appointment date: _____ | Appointment time: _____ |
| 4th Appointment date: _____ | Appointment time: _____ |
| 5th Appointment date: _____ | Appointment time: _____ |

It is agreed that an owner, instructor, agent or employee of this school shall not give the impression to a student that upon completion of their instruction this school will guarantee the securing of a drivers license to operate a motor vehicle.

| | | | |
|---------------------------------|------|---------|------|
| Parent/Legal Guardian Signature | Date | Witness | Date |
| Student Signature | Date | Witness | Date |

