

**CLASSROOM DRIVER'S EDUCATION**  
**Mora Community Education**

**Legal name as it appears on your birth certificate:**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

Student's Phone Number \_\_\_\_\_ Student Email \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent Phone Number \_\_\_\_\_

Parent Email \_\_\_\_\_

**CLASSROOM FEE: \$80.00 (payable to Mora Public Schools)**

**Session:**  Spring     Summer     Fall

START DATE OF CLASSROOM INSTRUCTION \_\_\_\_\_

COMPLETION DATE OF CLASSROOM INSTRUCTION \_\_\_\_\_

**REFUND POLICY:** Once a student has registered and decides PRIOR to the beginning of the class that he/she is unable to take the class, a \$10 processing fee will be kept from the registration payment. Once the classroom begins, no refunds will be given.

The State of Minnesota will be notified if the student does not complete the classroom and/or behind-the-wheel training within one year of enrollment.

This agreement/contract constitutes an agreement/contract between the program and the student/parent and no verbal statements or promises will be recognized.

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**WE AGREE TO THE FOLLOWING TERMS AND CONDITIONS AS LISTED ABOVE:**

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

INSTRUCTOR \_\_\_\_\_ DATE \_\_\_\_\_

AUTHORIZED PROGRAM OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_

**Please return completed form, along with payment payable to: Aimee Moske in the District Office.**

Date Paid: _____
Amount Paid: _____
Ck# _____ or <input type="checkbox"/>
Cash

(Office Use Only)