



National Safety Council Driving Academy

Student Information Sheet

Please complete the forms below and return to info@scnsc.org, fax to (803) 732-6757, or bring with you to your class.

Personal Information

Full Name _____

Nickname / Preferred Name _____

Home Address _____

County / City / Zip Code _____

Cell Phone _____

Home / Business Phone _____

Email Address _____

Birthday (MM/DD/YYYY) _____

Driver's License / Permit Number _____

Current School & Grade Level _____

Emergency Contact Information

Emergency Contact & Relationship _____

Emergency Contact Phone _____

Alternate Contact & Relationship _____

Alternate Contact Number _____

How did you hear about us?

Social Media Advertisement Flyer Referral

If referral, by whom? _____



National Safety Council Driving Academy

Contract / Fee Schedule

- The cost of the complete driver training program is **\$ 275.00**.
- Complete program includes 8 hours classroom, 6 hours behind the wheel training and lunch.
- SCDMV Road Testing with SCDMV Certified Safety Officer (included if you would like us to road test the student). **I want you to conduct the SCDMV road test** yes no (_____) **parent/guardian initial**. Fee for road testing is \$40.00 for enrolled Driving Academy students, road test.
- We will pick up from and return the student to home, school or work for their behind-the-wheel training. **In some cases we will need to meet you at the SCNSC office.**
- Fleet vehicles are Mazda 3's. They have a passenger side brake, extra rearview mirror and are SCDMV inspected and approved.
- We accept credit card payments online at scnsc.org, personal check, money order, or cashier's check.
 - ❑ Bring permit with you (if applicable) to the classroom and to the behind the wheel training.
 - ❑ Registration and payments are due no less than 5 days prior to your scheduled class. Instructors will be assigned as positions are filled. Class sizes are limited to 15 students.
 - ❑ Visit scnsc.org, call (800) 733-6185, or email info@scnsc.org for available class dates.

Class Schedule

- Classes will be held one Saturday per month. **Call for next scheduled class.**
- Class time is 8:30 am – 5:00 pm. Doors open at 8:00 am.
- Lunch and refreshments will be provided *(please bring your own if a special diet is needed)*.
- **Be on time for the training.** Students must receive all 8 hours of the classroom training for SCDMV approval.

NSC Driving Academy refuses the right to train any student who is disruptive or belligerent.

NSC Driving Academy cannot guarantee any student will pass their driving test and/or be issued a driver's license. Additional training may be recommended for the student, this will be in addition to the original fee at \$50 per hour of instruction.

Parent / Guardian Signature: _____

NSC Representative: _____

Student Signature: _____ **Date:** _____



National Safety Council Driving Academy

Payment Receipt

CLASS DATE: _____

Name: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Payment Method	Cash Check Money Order Credit Card #	Expiration

Qty	Description	Unit Price	Line Total
	Driver Education Class / Behind the Wheel <i>8 Hours Classroom / 6 Hours Behind the Wheel</i>	\$275.00	
	SCDMV Knowledge Testing (Permit)	Included	N/A
	SCDMV Skill Testing (Road Testing for License) <i>Enrolled Student</i>	\$40.00	
	8 Hour Classroom Only	\$125.00	
	Additional Behind the Wheel Drives (Per Hour) <i>Minimum 2 Hours</i>	\$50.00	
	Duplicate Paperwork (Certificate)	\$20.00	
	SCDMV Road Skills Testing <i>Non-Enrolled Student</i>	\$50.00	
	SCDMV Permit Testing (Non-Enrolled Student)	\$20.00	
		SUBTOTAL	\$
		3% Credit Card Service Charge (If Applicable)	\$
		TOTAL PAID	\$

SCDMV Permit Testing for Driver's License Included with Course Payment

NSC Driving Academy requires 24-hours notice of cancellation for behind the wheel training. Failure to notify will result in a \$35.00 assessment to the final bill for each occurrence. Please call as soon as possible to reschedule. There will be a \$35.00 charge on all returned checks.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Instructor Signature: _____ **Date:** _____