

**This constitutes the entire contract/agreement between DNL Professional Driving School and**

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

**No verbal statement or promises will be recognized.**

**ONLINE CLASSROOM ONLY..... \$150.00**  
**ONLINE CLASSROOM ..... \$138.00**  
**WITH BEHIND THE WHEEL..... + \$252.00**  
**TOTAL PRICE OF ..... \$390.00**

**Behind the wheel** will consist of the state requirement of 6 hours of Behind the Wheel instruction and 6 hours observation at a price of \$252.00

**Other options available for Behind the Wheel are:**

- Online Classroom (\$138.00) + **7 hours of Behind the Wheel instruction 4 hours** of observation (\$280.00)  
**TOTAL .....\$418.00**
- Online Classroom (\$138.00) + **8 hours of Behind the Wheel instruction 2 hours** of observation (\$320.00)  
**TOTAL .....\$458.00**
- Online Classroom (\$138.00) + **9 hours of Behind the Wheel instruction 0 hours** of observation (\$360.00)  
**TOTAL .....\$498.00**

Behind the wheel can be paid for in full on the start of driver education or in equal payments before each lesson begins.

After completion of Online course **AND** 6-hour course of Behind the Wheel with DNL, a student will receive a rebate check of \$25.00 upon proof of receiving a 100% score on their road test at the Wisconsin Department of Transportation.

**There will be a \$40 fee for less than a 24-hour notice of cancellation for Behind the Wheel. You can cancel by phone or e-mail.**

**A \$35.00 fee will be charged for any returned check.**

**No completion will be given until all fees have been paid in full.**

**The school will not refund any tuition or part of tuition if the school is ready, willing and able to fulfill its part of the agreement.**

**As a student, I agree to complete the Online Course without outside assistance. Failure to comply will result in withdrawal from the class without refund.**

**I also agree to have my first Behind the Wheel within the first 60 days of receiving my Learner’s Permit or risk having it revoked.**

Signature \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

X \_\_\_\_\_  
Parental or Legal Guardian Date

X \_\_\_\_\_  
Daniel R. Dunican, Owner Date