



A-Team Driving School  
244 N. Main Street  
Mullica Hill, NJ 08062  
www.Ateamdrive.com  
856-417-3355

## **Plus Road Test Schedule/Checklist**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Student Phone Number: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Road Test Location: \_\_\_\_\_

Test Date: \_\_\_\_\_ Test Time: \_\_\_\_\_

Pick-up/Drop-Off Address: \_\_\_\_\_

Pick-up Time: \_\_\_\_\_ Instructor: \_\_\_\_\_

***All Material below must be provided to A-Team Driving School Prior to the Road Test.***

\_\_\_\_ Completed Road Test Service Contract

\_\_\_\_ Payment to A-Team Driving School

\_\_\_\_ Logged in Book

\_\_\_\_ Logged in Computer

*More information about the student's instructor and car can be found on our website at [www.ateamdrive.com](http://www.ateamdrive.com)*



*Terms of Agreement for Plus Road Test Service Contract Agreement*

This agreement for driving instruction is service between **A-Team Driving School** and \_\_\_\_\_ (parent/guardian) and \_\_\_\_\_ (student) who reside at \_\_\_\_\_ (address).

This agreement is for brief driving instruction review and transportation to the NJ State Road Test for the following student: \_\_\_\_\_. He or she will be picked up in a time that allows for sufficient practice time prior to the test. The student will then be given time to practice for their road test where, upon expiration of practice time, the student will utilize the A-Team Driving School vehicles to complete the road test. Upon completion of the road test, I understand that my child will be taken after the test to the nearest Motor Vehicle Agency to procure a Provisional License. The student will then be dropped off at the previously agreed upon location. The agreed upon fee for this service is **\$225.00 for the Salem testing location and \$275 for Cherry Hill, Mays Landing, or Delanco testing locations. We will only provide service to the road testing center that is closest to your pickup location. No refunds** will be issued after scheduling the test. If the test is rescheduled/cancelled within 7 days of the scheduled test a **\$50.00** processing fee will be charged in order to reschedule the test.

Any changes to the items outlined in this contract must be agreed upon by both parties and added to the original contact prior to the signing by either party. Additional items must be added in the comments section and initialed and dated by both parties.

**SIGNATURE PAGE**

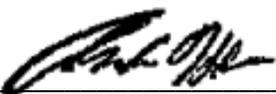
Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read and agree to the terms outlined in this document.

\_\_\_\_\_  
Parent/Guardian/Student Signature (if over 18)

\_\_\_\_\_  
Date

  
\_\_\_\_\_

A-Team Driving School Owner Signature

\_\_\_\_\_  
Date

Notes: \_\_\_\_\_

# Parent or Guardian Consent Form

Applicants under 18 must obtain the signature of a parent or guardian to facilitate any permit or license transaction. Applicants under 17 must obtain the signature of a parent or guardian for a non-driver ID transaction. The applicant's parent or guardian must fill out all the information below by printing clearly all sections and sign to confirm your consent for the minor child or ward to obtain the requested document.

APPLICANT INFORMATION	
Driver License or Non-Driver Identification Number: <i>(if applicable)</i>	
First Name:	
Middle Name:	
Last Name:	
Date of Birth <i>(mm/dd/yyyy)</i>	
Address	
City	
State	
Zip Code	
CHECK ALL THAT APPLY:	
<input type="checkbox"/> Permit	<input type="checkbox"/> Driver License
<input type="checkbox"/> Autism Spectrum / Communication Disorder Designation	<input type="checkbox"/> Non-Driver ID
PARENT OR GUARDIAN	
NAME of PARENT or GUARDIAN (Printed): _____	
SIGNATURE of PARENT or GUARDIAN: _____ <i>Your signature confirms your consent to the attached application.</i>	
DATE: ____/____/____	

Reference: N.J.S.A. 39:13-3