



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



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 contract 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 Statement

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.

Note: This form satisfies one Proof-of-Address requirement toward your application.

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	
TRANSACTION INFORMATION:	
Document Type (Select One): <input type="checkbox"/> Permit <input type="checkbox"/> Non-Driver ID <input type="checkbox"/> Driver License	
Select All That Apply:	<input type="checkbox"/> Standard License or Non-Driver ID <input type="checkbox"/> Real ID License or Non-Driver ID
	<input type="checkbox"/> Moped <input type="checkbox"/> Autism Spectrum/Communication Disorder
	<input type="checkbox"/> Agriculture <input type="checkbox"/> Motorcycle <input type="checkbox"/> Boat
SIGNATURE	
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

MR-24 Parent-Guardian Consent (R01/26)