



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

## **Car Only 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/Agent: \_\_\_\_\_

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

\_\_\_\_ Completed Car Only R/T 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 Car Only Plus Road Test Service Contract Agreement*

This agreement for driving instruction is service between **A-Team Driving School** and \_\_\_\_\_ parent/guardian/student if 18 +) and \_\_\_\_\_ (student) who reside at \_\_\_\_\_ (address). This agreement is for transportation to the road test facility site, use of one of our NJMVC approved vehicles for the NJ State Road Test, and transportation to the MVC to procure the license once the test is passed for the following student:

\_\_\_\_\_. He or she will be picked up in a time that allows for sufficient time to be transported to the NJ State Road Testing Site. Once at the testing site, the student will utilize the A-Team Driving School vehicle to complete the road test. Upon completion of the road test, I understand that I 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 **\$150.00 for the Salem testing location and \$175 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:

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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)