



WISCONSIN FAILURE TO YIELD COURSE CONTRACT

N829 Fairway Drive, Fort Atkinson, WI 53538 (P) 800-967-7719 (F) 734-665-7680

This constitutes the entire agreement between All Star Driver Education and the student and no verbal statement or promises will be recognized.

Students Full Legal Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Student Birth Date: _____ (mm/dd/yyyy)

Student Cell: _____ Student Home: _____

Student Email: _____

Parent Email: _____

Tuition Cost: \$_____ Registration/Contract Number: _____

FOR OFFICIAL USE ONLY

Corporate office hours are Monday through Friday from 9:00 am until 5:00 pm EST.

All Star Driver Education shall provide at least 2 hours of online instruction.

No instruction shall commence until the student has paid all fees in full and has submitted this contract.

- Affirmation of Eligibility: By registering for this course, I affirm that I have taken Driver's Education and own a Wisconsin issued Driver's License.
- Refund Policy: All Star Driver Education will not refund any tuition or part of tuition if the school is ready, willing and able to fulfill its part of the agreement.
- Reason for Possible Denial: You may be denied at any time for enrollment to this course for any of the following reasons; if you do not meet the minimum requirements for the state of Wisconsin, if a student is found cheating, or if another student is caught taking the course for the registered student.
- Requirements to Pass Driver Education: As a student, you will be required to participate in 2 hours of online instruction, including all Modules and activities throughout the course. You will also be expected to pass the final examination at the end of the course with an 80% or higher. Failure to complete these terms will result with not receiving a certificate until all requirements are met.

****By signing this contract, I certify that I am the person listed in this contract, I have read and agree to all terms & conditions listed in this contract, and the information listed above is accurate to the best of my knowledge.****

WE ARE UNABLE TO ACCEPT TYPED SIGNATURES OR SIGNATURE FONTS.

Student Name	Student Signature	Date
Parent Name	Parent Signature	Date
FOR OFFICIAL USE ONLY	Representative Signature	Date

Completed and signed contract can be sent via

email to compliance@allstarde.com

fax to 734-665-7680

or mail: 900 Victors Way Ste. 300, Ann Arbor, MI 48108