## **Classroom Rules Agreement**

Aim High Driving School LLC, 515 S. Main St., Rocky Mount, VA 24151 / 302 S. Locust St. Suite #1, Floyd, VA 24091 / 1315 2<sup>nd</sup> St. S.W., Suite B1, Roanoke, VA 24016 (540) 904-7381

To all students and parents...

It is important to read over this information entirely. If there is anything you do not understand, es is

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please ask. The following are the rules and expectations for this class. Not abiding by the rule
cause for dismissal from the class without any refunds
PLEASE INITIAL EACH ONE OF THE FOLLOWING:
STUDENT IS RESPONSIBLE FOR SIGNING IN AND OUT OF THE SIGN IN SHEET EACH
DAY HE/SHE ATTENDS CLASS. THIS MUST BE DONE IN A NEAT AND LEGIBLE MANNER. IT ALSO
MUST BE DONE IN BLACK OR BLUE INK ONLY!! IF NOT FILLED OUT CORRECTLY YOU WILL NO
RECEIVE CREDIT FOR TIME HERE AND YOU MUST HAVE ALL YOUR TIME IN TO COMPLETE THI
CLASS!!
THERE WILL BE NO PROFANITY
NO SLEEPING
NO FOOD IN THE CLASSROOM AND ONLY DRINKS WITH CLOSEABLE LIDS ARE
ALLOWED
ALL CELL PHONES ARE TO BE TURNED OFF AND PUT AWAY ONCE YOU ENTER THI
CLASSROOM
MUST ATTEND ALL CLASSES
ALWAYS HAVE A BLUE OR BLACK PEN FOR CLASS
BE RESPECTFUL OF EVERYONE IN THE CLASS IF YOU HAVE NOTHING NICE TO SAY
IT'S PROBABLY BEST TO SAY NOTHING
NO WANDERING THE HALLS OR THE BUILDING
IF IT DOES NOT BELONG TO YOU, DO NOT TOUCH IT. THE TV'S ARE NOT TO BE
TOUCHED FOR ANY REASON

THE CHAIRS ARE FOR YOU TO SIT IN, NOT FOR PROPPING UP YOUR FEET AND NOT FOR STANDING IN			
TOR STANDING IN			
	NG OF PROPERTY WILL B	E REPORTED TO THE PROPERTY MANAGEMENT	
AND THE AUTHORITIES			
		WORK WITH AN 80% OR BETTER AND MUST	
COMPLETE FINAL TEST	WITH AN 80% OR BETTE	R	
EXTRA CREDI	T WILL ONLY BE ADDED	TO THE STUDENT'S COURSE WORK GRADE NOT	
TO THE FINAL TEST GRA	ADE		
THERE ARE NO EXCEPTI	ONS TO THESE RULES. A	T ANYTIME IF A STUDENT OR PARENT FEELS	
SOMETHING NEEDS TO	BE ADDRESSED PLEASE	CONTACT THE MAIN OFFICE @ 540-904-7381	
OR EMAIL US @ www.a	imhighdrivingschool@o	<u>utlook.com</u>	
<del></del>			
CTUDENT DRINT		CTUDENT CIONATURE	
STUDENT PRINT	DATE	STUDENT SIGNATURE	
IF UNDER 18			
PARENT PRINT	 DΔTF	PARENT SIGNATURE	
PARENT PRINT	DATE	PARENT SIGNATURE	