

## Permission for Behind the Wheel

*Aim High Driving School LLC,*

*515 S. Main St., Rocky Mount, VA 24151 / 1315 2<sup>nd</sup> St. S.W., Suite B1, Roanoke, VA 24016  
(540) 904-7381*

Student's Full Name:

\_\_\_\_\_

First Middle Last

Home Address: \_\_\_\_\_

Number Street

\_\_\_\_\_

City State ZIP

Date of Birth: \_\_\_\_\_

Learner's Permit #: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Emergency #: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade Level: \_\_\_\_\_

I HEREBY GIVE PERMISSION FOR MY SON/DAUGHTER TO BE ENROLLED IN A STATE APPROVED DRIVER EDUCATION COURSE, WITH THE UNDERSTANDING HE/SHE WILL BE UNDER THE SUPERVISION OF AIM HIGH DRIVING SCHOOL LLC DURING THE ENTIRE COURSE. I ALSO GIVE PERMISSION FOR MY SON/DAUGHTER TO BE IN THE CAR ONE ON ONE WITH THE INSTRUCTOR FOR TRANSPORTATION PURPOSES AND/OR INDIVIDUAL ONE ON ONE INSTRUCTION. THIS DOES NOT GUARANTEE THAT ANY STUDENT WILL PASS THE STATE DRIVER'S LICENSE EXAMINATION, OR THAT THE STUDENT CAN SECURE A DRIVER'S LICENSE, OR THAT THE STUDENT WILL BE GUARANTEED EMPLOYMENT UPON COMPLETION OF COURSE. DMV IS COMMITTED TO PROMOTING TRANSPORTATION SAFETY THROUGH THE CERTIFICATION OF QUALITY TRAINING PROGRAMS. IF YOU HAVE COMMENTS OR CONCERNS ABOUT THIS COURSE, CALL DMV'S TOLL FREE # 1-877-885-5790 OR EMAIL [dmvclu@dmv.virginia.gov](mailto:dmvclu@dmv.virginia.gov)

\_\_\_\_\_

Date Parent/Guardian Signature

\_\_\_\_\_

Date Student Signature

This Contract Begins When Signed And Dated  
Owner/Operator

*Refunds of any fees or tuition or any part of fees or tuition must be provided upon request unless the school is capable and willing to perform its part of the contract within a reasonable time period.*