



797 Washington Street, Stoughton, MA 02072

Email: info@drivinstruct.com

Student Name: _____ Permit Number: _____

Address: _____ City: _____ Phone Number: _____

Your Appointment which was scheduled for: Date: _____ time: _____ a.m. / p.m. resulted into a "No-Show" and you have forfeited your drive time.

You will incur a **\$60** per hour charge, for _____ hour (s) of drive-time, that was scheduled, due to the Following violation (s)

- _____ Failure to provide a minimum of 24 – Hours' notice of cancelation
- _____ Failure to show {__ Hours}
- _____ 10+ minutes late {__ Hours}
- _____ No Original Permit Provided
- _____ No Corrective lenses (glasses/contacts) as required on permit
- _____ Student appeared to be OUI / Student had an aroma of smoking Marijuana
- _____ Hygiene issues (Please see enrollment contract)
- _____ Using a mobile device during instructional time
- _____ Rude, Vulgar, Disrespectful Behavior
- _____ Reckless / Dangerous Operation of the Motor Vehicle
- _____ Failure to provide proper pick-up address
- _____ **\$10.00** Lost or Missing Student Card
- _____ other _____

Amount Due: \$_____ within (7) seven days of receipt.

Please be advised, **if** payment is not received by: *Date* _____, all future scheduled driving lessons will be canceled / suspended, until payment is made in full.

Attempts to reach you included: *Text Message* *Phone Call* *Email* *Ring Door Bell / Knock on Door*

No Driver's Ed Certifications will be issued until all outstanding tickets have been paid in full.

If you have any questions or concerns, please contact our office at: 781-344-5000

Comments: *Spoke with student* *Left Voice Mail* *Spoke with parent* *No Reply*

Instructor name: _____ Instructor signature: _____

Payment Received: Yes / No	Administrator Only	Fee waived: Yes / No
Date payment received: _____		
Authorized administrator Name: _____		Title: _____
Authorized administrator signature: _____		Date: _____