



Main Office: 320 West Entiat Avenue, Suite E Kennewick, WA 99336
Phone Number: (509) 820-3800

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Kennewick, WA 99336
Phone: (509) 820-3800
Fax: (509) 820-3802

STUDENT COPY

Dear Student:

If you are 15-18 years of age, you're at the right place and made the best choice. Sueño Driving School is a state-certified school with a Bilingual staff (English/Spanish) and is ready to assist in educating you. Sueño Driving School's mission is to provide each student with the necessary information and techniques to become a **CONFIDENT, COMPETENT, DEFENSIVE, SAFE AND RESPONSIBLE DRIVER**. We provide a friendly-learning environment that meets the needs of each student's learning style and to recognize and understand each student's strength and weaknesses. Our goal is to ensure that you receive the highest quality of driving instruction and with the strong partnership with you, your parents/guardian, and Sueño Driving School, we can make this possible.

BASIC PROGRAM \$375.00 (Due at time of registration)

30 Hours of Class Instruction

6 Hours Behind-The-Wheel

1 Hour of Observation (Back Seat Passenger)

Pre-registering will reserve your space in your desired session. You must provide proof of residency, identity, and provide a social security number (if you have one) when you register at Sueño Driving School. A payment plan is available, **\$200.00** will reserve your space; however, there is an additional \$25.00 charge for the payment plan (See Payment Fee Page 6). **You are required to pay your balance at the beginning of the final week of your session.** Class sizes are limited to 20 students. Drive times are prearranged the first day of class, if you have your permit. It is important that you communicate with your parents/guardians prior to making appointments.

You must be enrolled in our program prior to visiting the **DOL office in Kennewick at 3311 West Clearwater Avenue, Suite B140** to obtain an Instruction Permit to participate in the Behind-The-Wheel phase of this course. You will need to pay a \$25.00 Instruction Permit fee directly to DOL.

Thank you for inquiring at Sueño Driving School. If we can assist you in any way, please feel free to contact us at (509) 820-3800 or stop by and visit us.

Sincerely,

Sueño Driving School Staff



SUEÑO COPY

STUDENT ENROLLMENT - SESSION # _____

Please answer the following questions in order to assist us in enrolling you in Traffic Safety Education.

NAME _____
First Middle Last

MAILING ADDRESS _____
City Zip code

BIRTHDATE _____ SS# _____ - _____ - _____ SEX **M F**
Month /Day / Year

Home PHONE _____ CELL (Self /Parent) _____

Yes, I am registered with the Washington State Department of Licensing (Parent Initial) _____
Washington State Identification Number: _____

No, I have never registered with Washington State or any other State (Parent Initial) _____

HIGH SCHOOL ATTENDING _____ GRADE _____

My Driving Experience (Please Check One): Experience Some Experience No Experience

Do you wear glasses/contacts Yes No If you wear glasses you are **REQUIRED** to bring them to class and drive sessions.

REQUIREMENTS

1. Students must be at least 15 years of age on the first day of class.
2. Student must obtain a driving instruction permit from the Department of Licensing prior to the first day of class, which **is not** included in the course registration fee.
3. Student may **not enroll after the 3rd day** of class. Once enrolled, student **may NOT miss more than 3 (three) scheduled classes or they will NOT COMPLETE/PASS their driving course.**
4. Cost is \$375.00, if paid in full or a down payment of **\$200.00** to secure a space by pre-registering; the balance is due within the first 4 weeks or paid before the beginning of last day of class. A \$10 a week additional late fee will be charged for unpaid balance on the last day of class. **THERE WILL BE NO REFUNDS.** If balances are not paid, the student **WILL NOT BE ALLOWED TO TAKE THEIR FINAL COURSE EXAM OR DOL KNOWLEDGE/SKILLS EXAMS.**
5. Students must successfully complete six (6) Behind-The-Wheel drives and one (1) observation drive. Students must show up to their drives/observations **10 minutes' prior** to drives/observations. If a drive is missed, students will be charged \$50.00 to reschedule.

SUEÑO STAFF INITIALS _____



- 6. Student cannot be more than 15 minutes late or they will be considered absent and the class will have to be retaken. If a student is late 3 times they will **NOT COMPLETE/PASS THEIR DRIVING COURSE**. The program must run at least 6 weeks, making up missed classes within the next class section.
- 7. Students must complete all learning activities as assigned by the instructor in the classroom. Students must reach an 80% competency on all testing or they must come back on an arranged time with the instructor to retake the exam.
- 8. Classes will run no less than 30 days and not more than 4 months.
- 9. Parents are Required to attend a 1-hour Parent Presentation on the First Day of Class. English Session at Start of Class / Spanish Session 1 Hour Prior to End of Class.
- 10. **The State of Washington Instruction Permit:** RCW 46.20.055 and RCW 46.20.025
If you are under the age of 18, you may apply for your driver license after you have had your permit for 6 months. If you have a permit from another state, the time you have had possession of the permit in that state counts towards the requirement. **Parent/Guardian Initial** _____

My Signature below indicates that the above information is accurate, and I have read, fully understand, and agree to the ten (10) requirements on page 2 and 3:

Student signature _____ Date _____

Parent/Guardian signature _____ Date _____

Please state class date and time registering for: _____

***Please select Program and Payment Plan**

Basic Program (\$375) Payment Plan (\$375.00 + \$25.00/\$400.00)

For your convenience we accept Cash, *Debit Card, and *Credit Card. (*\$3.00 transaction fee applies)

Date of Initial Payment ____/____/____

Cash \$ _____ Credit Card \$ _____

Balance _____ Parent/Guardian Initial _____ Receipt # _____

Application completed by Sueño staff member: _____ Date _____

SUEÑO STAFF INITIALS _____



SUEÑO & PARENT COPY

Classroom location:
320 West Entiat Avenue, Suite E
Kennewick, WA 99336

Parent Information Letter

Dear Parent:

Your student is now involved in one of the most important classes he/she will take during their teenage years. Car crashes are the leading cause of death among teenagers. Sueño Driving School is committed to developing skills to keep your teenager alive. Sueño Driving School is a state-certified school with a Bilingual staff (English/Spanish) and is ready to assist in educating your teenager.

Sueño Driving School's mission is to provide each student with the necessary information and techniques to become a **CONFIDENT, COMPETENT, DEFENSIVE, SAFE AND RESPONSIBLE DRIVER**. We provide a friendly-learning environment that meets the needs of each student's learning style and to recognize and understand each student's strength and weaknesses. Our goal is to ensure that you receive the highest quality of driving instruction and with the strong partnership with you, your parents/guardian, and Sueño Driving School, we can make this possible.

Some things about our program you should know:

- **Cost of the Program:** \$375.00 for the Basic Program (Must be 15 Years of Age by 1st Day of Class)
Payment Plan: \$200.00 secures your child a space. There is a \$25.00 payment plan fee.
Balances must be paid by the beginning of the last week of class. After the last day of class, a \$10 per week late fee will be charged to balances not paid. **Your son/daughter will not be allowed to take their final course exam or DOL exams until their balance is paid in full.**
Cash or credit payments are accepted. **NO REFUNDS** (Exceptions made by management only).
- **Classroom:** Students may not enroll after the 3rd day of class and may not miss more than 3 classes.
 - A 15-minute late arrival counts as an absence.
 - Students are required to bring a notebook and a pencil to class.
 - 4 Exams will be given, which require an 80% score. A Final Exam will determine if they will pass the course.
 - DOL test will be given once balances are paid in full and course has been successfully completed.
 - Classes run for five (5) weeks. Missed classes will be made up within the session prior to taking final exams.
- **Permits:** A waiver will be provided to students without an Instruction Permit, which will allow them to obtain an Instruction Permit without taking the Knowledge exam first. Parents or legal guardians need to accompany the youth to DOL with picture ID, certified birth certificate, social security card, and a DOL \$25.00 fee for the Instruction Permit. To obtain an Instruction Permit the youth must be 15 years of age. **Students are required to have their Instruction Permit for all drives... NO EXCEPTIONS.**
- **Driving:** Students will drive once a week, beginning on the second day. All drives are scheduled outside student class times; **Students are responsible for communicating all scheduled drive appointments with parent/guardian.** Students will be evaluated after each drive and student evaluations will require a parent/guardian signature.



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Parent Information Letter (cont.)

- A **\$50 No-Show/No Call or Cancellation** fee will be charged to students not canceling a drive without a **required 24-hour notice**. **Note: Also applies for not bringing Instruction Permit for drive.** Students are expected to **arrive 10 minutes early for their appointment**.
- Parent-lead **Driving Practice is mandatory** between drives. Additional drives are available at a discounted rate of \$50 an hour for those interested students.

Completion: Payments will be received by the receptionist at our business office. Balances are to be paid in full prior to taking Final course exam and DOL exams.

Student DOL Skills Exam will be conducted in Sueño Driving School car.

By signing below, I acknowledge that I have read and fully understand Sueño Driving School Policy.

I have read and agree to the Parent Information Letter. A copy of the Washington Intermediate Licensing requirements, restrictions and penalties were given to me on _____.

Student signature _____ Date _____

Parent/Guardian signature _____ Date _____

E-Mail: _____

SUEÑO STAFF INITIALS _____



PAYMENTS & FEES

SUEÑO & PARENT COPY

Cost: \$375.00 (includes Knowledge Exam and Skills Exam) 17 years and under classes.

1. Minimum payment arrangements are as follow: Minimum down payment of \$200.00 is due the first day of class. Students will not be allowed to participate in the Final course exam or DOL exams until all fees are paid in full.
2. A 14-day clearance period is required on all checks received. Certificate of Completion will be available after that time. In the event of a returned check, a \$40.00 fee will be assessed to the student’s account.
3. All payments and fees must be paid in full by the beginning of the last week of class, student will not be allowed to complete Drive #6 if there is an outstanding balance. *Parent/Guardian Initial* _____
4. This payment obligation is still binding if the student fails to complete the program once in progress.
5. The State of Washington Instruction Permit: RCW 46.20.055 and RCW 46.20.025
If you are under the age of 18, you may apply for your driver license after you have had your permit for 6 months. If you have a permit from another state, the time you have had possession of the permit in that state counts towards the requirement.
Parent/Guardian Initial _____

Fee Schedule

- Re-Enrollment Fee: \$275.00
- Payment Plan: \$25.00
- No-show/No-call for driving appointment Fee: \$50.00
- Additional Driving Lessons for SuDS students: \$50.00
- Private Driving Lesson \$100.00
- 2nd Knowledge Exam (if student does not pass) \$25.00
- 2nd Skills Exam (if student does not pass) \$40.00
- Returned Check Fee: \$40.00
- Pre-Application Fee \$20.00
- Property Damage: *Repair Cost

*Students are responsible for any damage made, but not limited to: materials, furniture, software and hardware.

By signing below, I knowledge that I have read and understand the terms of Sueño Driving School’s Fee Policy.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

SUEÑO STAFF INITIALS _____