

AB Drivers Training LLC  
312 North Green Street  
Crawfordsville, IN. 47933

# AB Drivers Training LLC

Dear Mom and Dad,

As the owner and driving instructor for AB Drivers Training Center, I would like to thank you for the opportunity to teach your child Driver Education. I know learning to drive is of great importance to your child at this time and a very concerned time in your life. I would like to inform you that I have over thirty-three years of experience teaching driver's education. I have always worked for two school systems during the summers, until I opened AB Drivers Education Center in 2006.

AB Drivers Training LLC is licensed by the Bureau of Motor Vehicles and is certified by the State of Indiana. All employee's, are licensed instructors and certified by the Bureau of Motor Vehicles in the State of Indiana. The driver education course will consist of thirty hours of class time and six hours of behind-the-wheel driving time which is mandated by the State of Indiana.

The next sessions of Drivers Education will begin and end on the dates located on the next page, as long as there are at least five students signed up for the session. Class will be 6pm to 8:30pm Monday through Thursday. Students will sign up for driving times that best fit their schedules. There are driving times scheduled in the evenings during the week and on Sundays. Class time will consist of thirty hours and behind-the-wheel driving time will consist of six hours which is mandated by the State of Indiana. The total cost of the course will be \$400.00. A completed application and \$250.00 deposit will secure your child a place in the upcoming session on a first come basis. The deposit is due at least one week before class starts and the remaining amount of the fee is due on the first day of class. Students signing up for on-line classes can start anytime at [abdriverstrainingonline.com](http://abdriverstrainingonline.com). Due to economic times, the remaining amount may be made in payments. Any payment after the 20<sup>th</sup> of the month will need to be cash or money orders. Please feel free to contact me if you have any questions or if I can be of further help.

Sincerely,

Allen K. Brown  
Owner/Operator

Business Phone – 765-918-5711 (Text or Call)

**AB Drivers Training LLC  
312 North Green Street  
Crawfordsville, IN. 47933**

**Business Phone: 765-918-5711**

**Locally owned and operated Commercial Driving School**

**Offered year around** – Allows students more time to practice with their parents before they turn sixteen and 90 days and are allowed out on the roads by themselves.

\*Traditional class must have enrollments of at least five.

**As mandated by the State of Indiana**

**30 hours of classroom instruction**

\*Monday –Thursday (No class on Fridays)

\*6pm – 8:30pm – at AB Drivers Training Office/Classroom

**On-line class offered – [abdriverstrainingonline.com](http://abdriverstrainingonline.com). (class & driving \$400.00)**

**6 hours of Behind-the-Wheel instruction**

\*Driving times can be scheduled during the evenings of week days and on Sundays.

**Instructors** – Are all licensed Driver Education Instructors approved by the BMV.

**Total Cost - \$400.00**

**State Driving Test**

- Students may also sign up to take their State Driving Test if they receive a B or higher in the classroom and driving portion of the course.
- A **\$25.00** fee is charged for the Driving Test.

# **DRIVERS EDUCATION**

**2022**

**UP COMING SESSIONS START**

**JANUARY 3<sup>rd</sup> – 20<sup>th</sup>**

**FEBRUARY Online Only**

**MARCH 7<sup>th</sup> – 24<sup>th</sup> Traditional Classroom**

**APRIL Online Only**

**MAY 2<sup>nd</sup> – 19<sup>th</sup> Traditional Classroom**

**JUNE Online Only**

**JULY 11<sup>th</sup> – 28<sup>th</sup> Traditional Classroom**

**AUGUST Online only**

**SEPTEMBER 12<sup>th</sup> – 29<sup>th</sup> Traditional Classroom**

**OCTOBER Online Only**

**NOVEMBER 7<sup>th</sup> – 24<sup>th</sup> Traditional Classroom**

## **LOCATION**

**AB DRIVERS TRAINING LLC  
312 NORTH GREEN STREET  
CRAWFORDSVILLE, IN. 47933**

## **PHONE NUMBER**

**765-918-5711**

**AB DRIVERS TRAINING LLC  
312 NORTH GREEN STREET  
CRAWFORDSVILLE, IN. 47933  
765-918-5711**

**APPLICATION**

Student's Full Name: (Legal) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age \_\_\_\_\_ High school \_\_\_\_\_

Month of Session signing up for: \_\_\_\_\_ On-line \_\_\_\_\_ In class \_\_\_\_\_

Home Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student Cell Phone \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Names: (Father) \_\_\_\_\_ Work Phone \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Phone \_\_\_\_/\_\_\_\_/\_\_\_\_

(Mother) \_\_\_\_\_ Work Phone \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Phone \_\_\_\_/\_\_\_\_/\_\_\_\_

Alternative Contact (In case of emergency) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

\$250.00 Deposit. Classroom \_\_\_\_\_. On-line \_\_\_\_\_. (Final \$150.00 due by the end of month).

\$400.00 Full Payment Enclosed \_\_\_\_\_

If for any reason, your child is unable to attend this session, I require notification within 14 days prior to class. Failure of notification, you forfeit the \$250.00 deposit. In the event your child has started the course, but is unable to complete the course, the full tuition fee is forfeited. I am also required to notify the State of Indiana of any students who does not successfully complete the driver education course or who withdraws from the course. At that time, the driver education permit will be invalidated.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent or Guardian if student is a minor

"An owner, officer, instructor, agent, or employee of any commercial driving school shall not state nor give the impression to a student that upon completion of the course, they will guarantee the securing of a driver's license to operate a motor vehicle".

**For Office Use Only**

Amount Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

CDE Issued: \_\_\_\_\_