



# Teen Lab Record Direction Form

(Rev.12.12.13 adl)

Student Name: \_\_\_\_\_ Session Number: \_\_\_\_\_  
Last Name First Name

Address: \_\_\_\_\_ City: \_\_\_\_\_

**If we need to Contact You on the day of your Driving Session, what is the best phone number to call?**  
Ask for: \_\_\_\_\_

Since all of cars are parked at our Main Office we ask that you provide us **WRITTEN DIRECTIONS FROM OUR MAIN OFFICE** located at: **108 Tyler Creek Plaza Elgin, 60123** to **YOUR ADDRESS**. These directions are an alternative to map-quest and assist our drivers to reach your home in a more timely manner for the behind the wheel session.

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### Instructor's Comments

Instructor's **must date and initial** all comments!

1<sup>st</sup>  
BTW \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2<sup>nd</sup>  
BTW \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3<sup>rd</sup>  
BTW \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4<sup>th</sup>  
BTW \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5<sup>th</sup>  
BTW \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Student **passed last BTW**, please order LOC. Date: \_\_\_\_\_ Initials: \_\_\_\_\_

\_\_\_\_ Student needs **Parental Waiver**. TTP Yes or No Date: \_\_\_\_\_ Initials: \_\_\_\_\_

\_\_\_\_ Student **did not pass** last BTW (**Requires 5<sup>th</sup> BTW**) TTP Yes or No. Date: \_\_\_\_\_ Initials: \_\_\_\_\_

# Tri-County Driving School – Student Application

## Please READ and INITIAL BEFORE SIGNING this Agreement

Date: \_\_\_\_\_ Session Number Selected \_\_\_\_\_ Location? \_\_\_\_\_  
 Class Start Date: \_\_\_\_\_ Class End Date: \_\_\_\_\_  
 Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**About the Student:**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Name Middle Initial Last Name  
 Address: \_\_\_\_\_  
Street City Zip  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Name of High School you attend: \_\_\_\_\_ Student Email address: \_\_\_\_\_  
 How did you hear about us? \_\_\_\_\_ Referred by: \_\_\_\_\_

**About the Parent: Who is responsible for final payment on this account?**

**Father's Name & Address:** \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
**Mother's Name & Address:** \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Payment plans are available, *please request at the time of registration*. You may contact Alicia at our Main Office or email your request to [drvtricityinfo@sbcglobal.net](mailto:drvtricityinfo@sbcglobal.net). Please include student's full name and session number with any correspondence.

We, the undersigned, promise to pay the sum of **(Four Hundred and Seventy Five Dollars and no cents (\$475.00) – less any amount paid prior to 1<sup>st</sup> day of class** to Tri-County Driving School. Promotion Amount: \_\_\_\_\_ Approved by \_\_\_\_\_ (TCDS initials)

**I understand and agree to adhere to the following payment guidelines: Please READ and INITIAL**

- \_\_\_\_\_ Discount Coupons; only **valid** coupons will be accepted and will be applied to the open balance. **Expired coupons are not accepted.**
- \_\_\_\_\_ Only 1 discount applies per tuition and cannot be combined with any other offer. **Coupons cannot be used as a down payment.**
- \_\_\_\_\_ I understand the remaining balance is due on or before the last class date, regardless if the student attends the last day of class and/or has not completed all classroom dates. **NO EXCEPTIONS.**
- \_\_\_\_\_ If student withdraws/cancels services agreed upon, regardless of the reason, any and all monies previously paid to Tri-County Driving School is non-refundable.
- \_\_\_\_\_ I agree to the guidelines set forth on scheduling a Behind the Wheel session. **All Behind the Wheel scheduling is conducted via email.**
- \_\_\_\_\_ I understand the program **MUST** be completed by the eligibility date based on the permit issue date. If not met, additional fees may apply. Refer to the Behind the Wheel Policy for additional information. Any and all monies paid to Tri-County Driving will be forfeited and will not be refunded or cannot be applied to any other program.

**FAILURE TO PAY OUTSTANDING BALANCE BY THE DUE DATE WILL RESULT IN THE FOLLOWING:**

- \_\_\_\_\_ \$50.00 late fee will be applied the next business day **after the last scheduled class date.**
- \_\_\_\_\_ Any and all discounts or credits previously issued will be null and voided and added back to the outstanding balance.
- \_\_\_\_\_ Instruction Permit will be canceled within 7 days after the class end date. A **\$25.00 fee** will apply to reinstate permit.
- \_\_\_\_\_ **Once an account is past a 30-day delinquency; the student is dropped from the program and will be required to re-enroll and repeat the entire program.**
- \_\_\_\_\_ The Behind the Wheel portion of our program may be delayed due to lack of payment.
- \_\_\_\_\_ Certificate of Completion for High School Credit (where applicable) will not be issued.

**Upon signing this application, I understand and agree to the terms set forth by Tri-County Driving School.**

\_\_\_\_\_  
 Signature of parent Date Signature of student Date

**Please complete and return to our Main Office: 1590 Weatherstone Lane Unit 8, Elgin, IL 60123**

Enrollment Date: \_\_\_\_\_ Tuition Amt: \_\_\_\_\_ Payment \$ \_\_\_\_\_ Check# \_\_\_\_\_ Cash - Credit \_\_\_\_\_  
 Balance Due: \_\_\_\_\_ Due Date: \_\_\_\_\_ Date Entered in QB \_\_\_\_\_  
 Book Fee Paid – Waived– Charge: \_\_\_\_\_ Comments: \_\_\_\_\_ rev.061611/adl