

Teen Lab Record

Please complete and return to:

Class # \_\_\_\_\_

**TRI COUNTY DRIVING SCHOOL**

School Code: 9642

108 Tyler Creek Plaza, Elgin 60123

PLEASE PRINT LEGIBLY!

**847-468-8181**

HS: \_\_\_\_\_

CO: \_\_\_\_\_

Student's Name (Last, First, M.I.)		Address		City	Zip	Home Phone Number.				
Permit Number:		Student's Birthday		In Case of Emergency, Contact:						
Expiration Date	F.C.N.	Start/Completion Dates		Payment received	Hours-Class/BTW	Student Phone Number:				
			thru		<b>30 - 6/6</b>					
<b>BTW Grade:</b> A: Excellent B: Good C: Average D: Poor E: Fail Final Grade:	<b>Gauges-Instruction</b> safety devices, prestart procedure	<b>Speed control-</b> Back Slowbrake Stop	<b>Steering</b> -Hand over hand turns, steering habits, left/right turns, reference points	<b>Light Traffic-</b> City-Traffic lights, signs, pedestrians, following the 2-4-12 second rule	<b>Parking-</b> Distance/Curb, Downhill/Uphill, Reverse straight back, Left turn about, Perpendicular, Reference points	<b>Heavy Traffic-Highway-</b> ByPass Expressway-Enter/Leave, Acceleration/Deceleration	<b>Night Driving</b>	<b>Bad Weather Conditions</b> Rain, Fog, Snow, Glare, Ice, Traction loss of vision, steering, brakes	<b>Final Grade Weakness</b>	<b>Student's Signature:</b>  <b>Comments from Instructor</b>
<b>Date of BTW</b>							<b>Student Observer (sign)</b>	<b>Instructor</b>		
<p>☞ Vehicles used meet the Secretary of State and Illinois Board of Education requirements.</p> <p>☞ The above lessons will be given in accordance with the specifications in the publication <i>Driver Education for Illinois Youth</i>, Section 5.05</p> <p>☞ Students must complete a total of four class hours before driving.</p> <p>☞ All students must possess a valid permit when operating a motor vehicle. (Rules and regulations of the State of Illinois) Revised 2/27/06</p>										

Parent Signature \_\_\_\_\_

Instructor Signature \_\_\_\_\_

Best Contact # \_\_\_\_\_

# 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 \_\_\_\_\_

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2<sup>nd</sup>

BTW \_\_\_\_\_

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3<sup>rd</sup>

BTW \_\_\_\_\_

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4<sup>th</sup>

BTW \_\_\_\_\_

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5<sup>th</sup>

BTW \_\_\_\_\_

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\_\_\_\_ 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.  
 \_\_\_\_\_ 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.  
 \_\_\_\_\_ 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.**

**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: 108 Tyler Creek plaza Elgin, IL 60123**

Enrollment Date: \_\_\_\_\_ Tuition Amt: \_\_\_\_\_ Payment: \$ \_\_\_\_\_ Cash \_\_\_\_\_ Chk# \_\_\_\_\_ Visa--MC--Disc  
 Balance Due: \_\_\_\_\_ Due Date: \_\_\_\_\_ Date Entered in QB \_\_\_\_\_  
 Program: \_\_\_\_\_ Comments: \_\_\_\_\_ 060118