

Teen Lab Record

Class # _____

School Code: 9642

PLEASE PRINT LEGIBLY!

Please complete and return to:

TRI COUNTY DRIVING SCHOOL

108 Tyler Creek Plaza, Elgin 60123

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		30 - 6/6					
BTW Grade: A: Excellent B: Good C: Average D: Poor E: Fail Final Grade:	Gauges-Instruction safety devices, prestart procedure	Speed control- Back Slowbrake Stop	Steering -Hand over hand turns, steering habits, left/right turns, reference points	Light Traffic- City-Traffic lights, signs, pedestrians, following the 2-4-12 second rule	Parking- Distance/Curb, Downhill/Uphill, Reverse straight back, Left turn about, Perpendicular, Reference points	Heavy Traffic-Highway- ByPass Expressway-Enter/Leave, Acceleration/Deceleration	Night Driving	Bad Weather Conditions Rain, Fog, Snow, Glare, Ice, Traction loss of vision, steering, brakes	Final Grade Weakness	Student's Signature: Comments from Instructor
Date of BTW									Student Observer (sign) Instructor	
<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.

Instructor's Comments

Instructor's must date and initial all comments!

1st

BTW _____

2nd

BTW _____

3rd

BTW _____

4th

BTW _____

5th

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 5th 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. 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 1st 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



OFFICE OF THE SECRETARY OF STATE
 DRIVER SERVICES DEPARTMENT

CDTS
 650 ROPOLO DR.
 ELK GROVE VILL., IL 60007
 847-437-3953
 www.cyberdriveillinois.com

Driver Education Approval Form

This portion to be completed by Driver Training School:

Name and Address of Driver Training School			
Student's Full Name	Last	First	Middle
Street Address			
City or Town			ZIP Code

_____	_____
Signature of Student	Date
_____	_____
Signature of Parent/Guardian	Date

Name of Jr./High School	
School Address	Phone Number
City or Town	ZIP Code

This portion to be completed by Jr./High School Administration:

Pursuant to Chapter 625 ILCS, Section 6-408.5, the above named student attends this school and has received a passing grade in at least eight (8) courses during the previous two (2) semesters and is, therefore, eligible for private driving instructions:

Yes No

_____	_____
Signature of Chief School Administrator or Superintendent of High School	Date

(It is recommended that School Administration retain a copy of this form.)