Adult Enrollment Application

Student Name		Student Ph	Student Phone #	
		City	ZIP	
Date o	of Birth	Student email: (please print)_		
Permit #		Issue Date	Expiration Date	
<u>Behind</u>	the Wheel Package 1			
•	Individual 1 hour lessons for \$7	0 (Payment due in full at time of drivi	ng session)	
<u>Behind</u>	the Wheel Package 2			
•	4 Individual 1 hour lessons for \$	250 (Payment due prior to schedulin	g of lesson times) \$30.00 Savings!	
1)	Payment is due at each lesso	n in full.		
2)	No Smoking in the vehicles.			
3)	No Cell phone use permitted in the vehicles during training sessions.			
4)	Make the instructor aware of any reading, learning or physical limitations that could affect the student's driving ability.			
5)	The student must obtain their Illinois Driving Permit prior to a behind the wheel session, must provide a copy of the permit, and they must inform the instructor immediately with any changes in the status of your permit (suspended, revoked, or canceled).			
6)				
7)	-		nsible for the \$500.00 deductible.	
8)	·			
9)	_	uled in advance by the instructor of schedule availability of both stud	with the student and driving times lent and instructor.	
I have	read and understand all of	the 9 requirements and regulat	ions.	

Student Signature	Date
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Please bring in or mail this application form and payment to:



All-American Drivers Training 1111 N. Main Street Normal, IL 61761 309-828-ROAD(7623)

OFFICE USE ONLY:					
PAYMENT: CASH	CHECK #	CREDIT/DEBIT			
TOTAL AMOUNT:_					