

Adult Enrollment Application

Student Name _____ Student Phone # _____

Address _____ City _____ ZIP _____

Date of Birth _____ Student email: (please print) _____

Permit # _____ Issue Date _____ Expiration Date _____

Graduate Course

- 6 hours of classroom instruction as required by the state for anyone 18-21 who has not completed a driver's education course, 6 hours of Behind the Wheel
- Tuition for this course is \$240, which includes a \$60 registration fee. Payments shall be made as follows:
 - \$120 prior to the first classroom session (including the \$60 registration fee credit)
 - \$100 prior to the completion of classroom instruction

Behind the Wheel Package 1

- Individual 1 hour lessons for \$60 (Payment due in full at time of driving session)

Behind the Wheel Package 2

- 4 Individual 1 hour lessons for \$220 (Payment due prior to scheduling of lesson times); \$20 savings
 - 1) Payment is due at each lesson in full.
 - 2) No Smoking in the vehicles.
 - 3) No Cell phone use permitted in the vehicles during training session.
 - 4) Make instructor aware be made 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 instructor immediately with any changes in the status of your permit (suspended, revoked, or canceled).
 - 6) While you can be taken on a practice DMV test with our instructors, we do not guarantee your ability to obtain a driver's license.
 - 7) If the student is at fault in a collision, the student will be responsible for the \$500.00 deductible.
 - 8) The instructor or the school must be notified 24 hours in advance for any behind-the-wheel cancellations otherwise a cancellation fee of \$25 may be charged.
 - 9) Driving lessons will be scheduled in advance by the instructor with the student and driving times will be arranged according to schedule availability of both student and instructor.

I have read and understand all of the 9 requirements and regulations.

Student Signature _____ Date _____

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)