

Student Enrollment Application

Student Name _____ Student Phone # _____

Address _____ City _____ ZIP _____

Date of Birth _____ Parent email: (please print legibly) _____

Parent Name _____ Parent Phone # _____

Relevant Medical or IEP Information: _____

(**include any information that instructors would need to know for classroom accommodation and driving safety)

I hereby give permission for my son/daughter, who is _____ years old, to enroll in the Teen Drivers Education Course, offered on this document by All American Drivers Training.

[**Students must be turning 15 by the final classroom date to register for that session; see our website for classroom session start/end dates]

Complete Course

- 30 hours of classroom instruction, 6 hours of Behind the Wheel, and 6 hours of Observation
- Tuition for this course is \$450. Payments shall be made as follows:
 - Remaining balance PAID IN FULL prior to the completion of the classroom session

Classroom Only

- 30 hours of classroom instruction only
- Tuition for this course is \$200. Payments shall be made as follows:
 - Remaining balance PAID IN FULL prior to the completion of classroom instruction

Behind the Wheel Only

- 6 hours of Behind the Wheel and 6 hours of Observation
- Tuition for this course is \$350. Payments shall be made as follows:
 - Remaining balance PAID IN FULL prior to the completion of the last Behind the Wheel session

My son/daughter will be attending: (mark one) Start Date of Classroom: _____

Session Letter: _____

Complete Course _____ Weekend _____ Weekday _____ Summer

Classroom Only _____ Weekend _____ Weekday _____ Summer

- Weekend classes will be offered on Saturday and Sunday afternoons in 2 hour sessions from 3-5pm.
- Weekday classroom sessions during school year will be on Monday and Tuesday from 5:30-7:30pm.
- Summer classes will be offered on Monday-Thursday in two 4-week sessions with classes in June and July in 2 hour sessions in the morning and/or the afternoon depending on enrollment needs. And also in an evening session from 5-7pm Mondays and Tuesdays for 8 weeks.

Behind the Wheel Only _____ Weekend _____ Weekday _____ Summer

- Record your ideal time of day and/or days of week: _____
- The 12 hours of behind the wheel, according to state law, cannot be completed in less than 14 days so we schedule students for a minimum of 3 weeks for 2 days a week or 6 weeks for 1 day a week.

Parents Signature _____ Date _____

Student Signature _____ Date _____

Please mail this application form, parental agreement, guidelines agreement, school form/waiver, and first payment to:



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