

 **4591 Princeton Lane**

 **Lake in the Hills, Il. 60156 (224)-858-4142**

Go Slow Driving School, is teen certified by the office of the Secretary of State, in the State of Illinois for both classroom driver education (30 hours) and behind-the-wheel (6 hours BTW & 6 hours observation). The classroom sessions are taught in two-hour increments, consisting of 16 scheduled classroom meetings.

**General Rules**

1. Payment – Payment is due by the first night of class unless other payment arrangements have been made in advance. The balance is due by cash or check only. Uncollected fees will result in the delay of behind the wheel lessons and state certification. A $25.00 fee will be charged for any NSF returned check. The school will not refund any tuition or fees if the school is capable and willing to perform its part of the contract.
2. Attendance – The Secretary of State requires 30 hours of instructional classroom time. State Law allows students to miss up to four (4) classes, all of which must be made up. Any student missing more than four (4) classes must re-enroll in a future class, additional fees may apply.
3. Conduct – Disorderly conduct or vandalism of ANY kind will not be tolerated. Drug and alcohol use are not permitted at any time and will result in expulsion from the program. ZERO TOLERANCE.
4. Age requirements – A student must be at least 15 years old on or before the last day of the classroom portion.
5. Grade Eligibility – Each student under 18 years of age must submit a **State Grade Eligibility form** pursuant to section 6-408.5 of the Illinois Vehicle Code. The form must be properly filled out and returned to Go Slow Driving School to receive their letter of completion from the Secretary of State.
6. Cell Phone/Electronic Device Usage – Students are not allowed to use their cell phones or electronic devices while in the classroom or in the instruction vehicle. This includes talking or texting on a mobile device. Cell phones should be set to silent or turned off to be used in emergency situations only. One warning will be given before the device is taken away to be returned only to a parent.
7. Personal Items – Please be sure to take all personal items with you when you leave the classroom or instructional vehicle. Neither the School nor the Instructor is responsible for lost or stolen items.

**BTW Rules**

1. All persons in the car will wear a seatbelt at all times.
2. Students are required to carry driving permits in order to be eligible to drive. Permits must be shown to the instructor each time a student drives.
3. Quiet talking will be permitted during driving and observation times. Students will not be allowed to criticize or use profanity or any offensive language.
4. Cancellation of a scheduled behind the wheel session without 24 hour notice may result in a $25.00 fee. Please be respectful of our drivers and other student’s time when cancelling an appointment late.
5. Students are expected to arrive on time to scheduled lessons and will be dropped off at their home address at the conclusion of the lesson unless other written arrangements are made in advance. Behind the wheel sessions usually have two teens in the car together, although there may be a time when your teen will be alone in the car with one of our instructors.
	1. When a student is the first student picked up or the last student dropped off during a scheduled behind the wheel session.
	2. When there is a late cancellation by a driving partner for the behind the wheel session.
	3. When the student is signed up for private lessons.

Please sign if you agree to let the instructors of Go Slow Driving School, either for a portion or for a complete behind the wheel session, drive alone with your child.

**Parent(s) signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please note that non-signature may result in late cancellations of a behind the wheel session)

All disputes under Chapter II, Section 1060.80 shall be directed to the Secretary of State’s office. **This agreement constitutes the entire contract between the school and the client and no verbal assurances or promises not contained herein shall bind the school or the client.**

**\*\*Students must complete the entire course within 9 months from the date of the first classroom lesson.\*\***

The classroom consists of lecture over **Rules of the Road** and Drive Right textbooks.

The undersigned accept and agree as a condition of attending Go Slow Driving School, Inc. that the following have been reviewed and that the undersigned agree to uphold and adhere to the rules at all times.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First MI. Last

Current High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_

Phone Number (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child taking any medication or does your child have any ailments or disabilities that would affect his/her ability to operate a motor vehicle? YES or NO

If yes, please explain and request a medical release form from your doctor so you child may get his/her permit/license.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything the Go Slow Driving School instructors should be aware of so that we may better serve your child? For example: ADD/ADHD/hearing impaired/diabetic/etc. YES or NO

If yes, please talk to your instructor’s and explain.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list an additional contact in case of emergency:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Office use only)

Class Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check Number: \_\_\_\_\_\_\_\_\_\_\_\_