

## **Teen Driver Education Contract AGREEMENT AND SCHOOL REQUIREMENTS**

1. A student must provide verification that he/she is enrolled in school and has received passing grades. **Verification of eligibility must be one of the following:**
  - A) A form which is approved by the Illinois Secretary of State and states that the student is enrolled in school and has received a passing grade in at least eight (8) courses during the previous two (2) semesters; **(BLUE)** or
  - B) A Form prepared by the Illinois Secretary of State stating the student is enrolled in a home school; **(YELLOW)** or
  - C) A waiver form approved by the Illinois Secretary of State, which must be signed by the Superintendent of School. **(PINK)**
2. Late registration will not be accepted beyond the third day of class.
3. Classroom instruction shall include not less than 30 class hours. Instructional periods will be no longer than two (2) hours daily.  
**My Tutor is not responsible** if the student leaves the premises during breaks.
4. After a minimum of four (4) sessions of classroom instruction, and with the recommendation of the instructor, an Illinois driving permit will be required prior to behind-the-wheel instruction. It is the student's responsibility to obtain an Illinois driving permit. (An official Birth Certificate is required by the State of Illinois to obtain a Driving Permit) Regardless of age, a student must have his permit for NINE (9) months before obtaining his license. My Tutor Driving School is not responsible should a student's permit be cancelled, for any reason, by the Office of the Illinois Secretary of State.
5. **In accordance with state law, 30 hours of classroom instruction is required.** Per Illinois Administrative Code, CH. II, Sec. 1060.180 "any student absent for more than 4 class sessions will be required to re-enroll in a later class and to start over". Absentees shall be given make up instruction and assignments. In case the class is cancelled due to inclement weather, the class will be added to the end.  
Missing class is a serious matter and is strongly discouraged; as make up sessions will extend the time it takes for a student to get his/her license. **Should re-enrollment be required all funds previously paid will not be refunded and new charges will apply.**
6. Driving experience shall be for periods of sixty (60) minutes for each student per driving session with sixty (60) minutes of observation. Each student will receive 6 hours of driving and 6 hours of observation as required by the State of Illinois. Observation time in the car may not be counted as practice driving.
7. Each student must complete a minimum of six (6) full hours of behind-the wheel instruction. **There is no allowance for absence.** Two students are required to drive each two-hour session, if one does not show the other cannot drive. **Therefore, no shows or late cancellations will be charged \$35.00.**

- 8. If requested, the **My Tutor Driving School** vehicle may be used by a student for taking a driving test for an additional charge of \$65.00 per hour.
- 9. Driving instruction will be completed as scheduling permits. Driving time will be scheduled by the student and the driving instructor and not during the hours of the classroom period. My Tutor reserves the right, at anytime, to exercise discretion in determining whether the student is competent to drive. Behind the Wheel instruction will be on group basis unless otherwise requested/approved by the parent/guardian.  
All classroom and driving instruction will commence at **My Tutor Driving School**, 4212 North Belt West, Belleville, IL 62226.
- 10. **My Tutor Driving School** will not refund tuition or part of tuition if the school is capable and willing to satisfy its part of the contract and/or the student violates the provisions of this agreement.
- 10. A \$125.00 non-refundable deposit is required to register and the balance (\$300.00) is due the first day of class. Payment arrangements can be made.  
There will be a \$25.00 service charge on all returned checks.

**To confirm placement in a class, the registration form (below), verification of eligibility signed by a school official (attached blue/yellow/pink form) and the deposit must be received by My Tutor no later than one week prior to class start date.**

Students will not be scheduled for driving until the account is paid in full.

**This agreement constitutes the entire contract between My Tutor Driving School and the student. No verbal assurances or promises not contained herein shall bind the school or the student. Any disputes should be directed to the Secretary of State.**

Visit our web site, [www.mytutorlearning.com](http://www.mytutorlearning.com)

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**I have read and fully understand the contents of this agreement.**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone # H: \_\_\_\_\_ C: \_\_\_\_\_ W: \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

\_\_\_\_\_  
*Student Signature and Date*

\_\_\_\_\_  
*Parent/Guardian Signature and Date*

In case of emergency please call: \_\_\_\_\_

Class Dates: \_\_\_\_\_

.....  
Office use: Date \_\_\_\_\_ Deposit \_\_\_\_\_ Check # \_\_\_\_\_  
Date \_\_\_\_\_ Payment \_\_\_\_\_ Check # \_\_\_\_\_

JESSE WHITE  
SECRETARY OF STATE

COMMERCIAL DRIVER TRAINING SCHOOL SECTION

**HOME SCHOOLED PARENTAL CONSENT 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          |

**THIS PORTION TO BE COMPLETED BY STUDENT AND PARENT/GUARDIAN:**

The above-named person, is home schooled. I do hereby give my permission for him/her to take driving instructions from a Commercial Driver Training School.

|                         |              |
|-------------------------|--------------|
| Name of Parent/Guardian |              |
| Parent/Guardian Address | Phone Number |
| City or Town            | ZIP Code     |

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date