

Teen Driver Education Enrollment Form

Student's Name _____ Birth Date _____
Last First Middle Name Must be 15 years old on last day of classroom

Address _____ Phone _____
Phone _____
City _____ State _____ Zip Code _____

I am enrolled in: Name of School* _____, G.E.D. _____, or Home Schooled _____

*Must have 8 passing grades in previous 2 semesters (includes grade school)

Course # _____ Classroom Dates _____ Time _____

Check one box to select a Behind-the-Wheel Option

Option 1* Classroom with Basic Behind-the-Wheel Driving \$480

This Option fulfills the State of Illinois Driver Education requirement.

This completes 6 hours of driving and 6 hours of observation. There are 4 - three hour lessons. Each lesson has 90 minutes of driving and 90 minutes of observation.

Observation is where your teen observes another student receiving instruction.

*In the event that the other scheduled driving partner misses their lesson, I grant permission for my son/daughter to drive alone with an Instructor. YES _____ NO _____.

Option 2 ** Classroom with Private Behind-the-Wheel Driving \$580

This Option gives the student 8 hours driving instruction with no observation.

This is a good option for a student who has a busy schedule, one who needs extra guidance, or one who is nervous with other students in the car.

Two extra hours of driving time are substituted for the six hours of observation .

** I give permission for my son/daughter, _____, to drive alone with a Balda Driving School Instructor of Driver Education. YES _____ NO _____.

We, the undersigned, agree to pay a **\$100.00 non-refundable deposit** at time of classroom enrollment. The remaining balance of \$380 or \$480 can be made in payments. Final Payment must be made on the last day of Classroom. There is no charge to transfer to another class with one week prior notice.

We accept check, cash, or money order, but No Debit or Credit cards accepted.

Parent Signature _____ Date _____

Parent Name (Please Print) _____ Date _____