

**Student Name.** \_\_\_\_\_

**Contract: Parent Agreement Form. BTW ONLY**

**Behind the wheel training.**

Students are required to adhere to all applicable road safety rules while participating in driving lessons. This includes but is not limited to: compliance with traffic laws, prohibition of mobile phone use and other obvious distractions while behind the wheel, seat belt usage. Students must carry prescriptions for any medications that they have physician approval to take while driving. Initials \_\_\_\_\_.

Observation time will be scheduled with each behind-the-wheel session due to the nature of scheduling, state requirements, as well as for additional student learning and engagement. Generally, two (2) students are together for two to three hours in-car instruction. One and a half hours are spent driving, one and a half hours observing by each student. Students who prefer driving sessions privately must obtain written permission from their parents and pay additional fees. Initials \_\_\_\_\_.

While we understand that your teen may like a particular instructor, student may have a variety of different instructors for behind the wheel training. We cannot guarantee any one instructor. Also, we schedule two students for either a two or three hour behind the wheel training period(for example we set up two students for 8:00 to 11:00 am) , therefore it is common that one student is picked up on time and the other is picked up within 15 minutes (or shortly after) their scheduled start time. Initials \_\_\_\_\_

Students may take classroom only, behind the wheel only, or the complete program. Extra practice is also available- inquiries can be directed to the contact information at the end of the contract. Initials \_\_\_\_\_.

Students must have their original permits with them for each behind-the-wheel lesson to be eligible to drive each session. Students will be denied their scheduled drive if they do not have their permit with them. Initials \_\_\_\_\_.

**Cancellation.** Canceling a driving appointment without 24 hour notice will normally result in a **\$50 fee.** Initials \_\_\_\_\_.

**Schedule driving sessions.** Text 815-464-0092. In initial contact include: student's name, text picture of permit, and plain text request of dates/times. Use same phone for all coordination please. The student or parent will be responsible for initiating all requests for each drive. Initials. \_\_\_\_\_.

**Vandalism.** Vandalism in any form will not be tolerated. If a student is found defacing driving school property (i.e. writing in books, on tables, chairs, walls etc.) parents will be charged a \$25 fee minimum. Initials\_\_\_\_\_.

**Payment.** The tuition is non-refundable/non-transferable but can be used for a different class offered. The full tuition is due the first day of class unless other arrangements are made with 1<sup>st</sup> Breese driving

school. Full payment is due by the last day of testing or no drives will be scheduled. Credit card payments incur a service fee. Initials\_\_\_\_\_.

**Dash Cams:** I acknowledge and consent to the use of dash cams installed in the vehicle used for driving Lessons provided by 1<sup>st</sup> Breese Driving School. I understand that the purpose of these dash cams is for the safety and instructional purposes, and I agree that any footage captured may be used by the driving Instructor and/or the driving school for review, analysis, and training purposes. I also understand that my child's privacy will be respected and any footage containing identifiable information will be handled in accordance with applicable privacy laws and regulations. Initials: \_\_\_\_\_

**Bounced checks.** Breese will charge any cost incurred, normally as a minimum \$50.00 fee for insufficient funds. Initials\_\_\_\_\_.

**License.** Teens are required to hold their permit for at least nine (9) months and log 50 hours of supervised practice as a minimum before getting a license. The same identification needed for the permit should be brought in for the license. Initials\_\_\_\_\_.

Upon completion of the student's fourth/ final drive, we will send required documents to the IL Secretary of State office which will make the student eligible to take the license exam at any DMV offering the teen licensing exam. To facilitate this process, we need the student's unofficial highschool transcript of 1 academic year of grades, including their grade in drivers ed. These can be sent in any time over email with a descriptive email subject or in person. The transcript must be legible and include the highschool name and the student's name (i.e. we can not send in mobile screenshots from Skyward or a similar app). If the student completed drivers ed classroom with a private company separate from 1<sup>st</sup> Breese, then we need a year of high school grades AND a certificate of completion of drivers ed. Initials\_\_\_\_\_.

**\*\*Waiver of observer** I grant permission for my student to drive without a student observer during the behind the wheel portion of the student's instruction. Initials \_\_\_\_\_.

**Explanation of above.** Occasionally one partner does not show up for a lesson and we will still drive your student if you allow us to. Note, sometimes a student is self-conscious or distracted by an observing passenger and we will drive your student alone if that is requested for an additional fee. **However. If** you do not agree with the above permission statement, please add any additional conditions below.

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Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**1. Laboratory "BTW", driving only**

**Tuition total: \$375**

**Payment Date** \_\_\_\_\_

**Method** \_\_\_\_\_

**Receipt/Transaction #** \_\_\_\_\_

**Student's information printed:**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth \_\_\_\_\_ Color of Hair \_\_\_\_\_ Color of Eyes \_\_\_\_\_ WT \_\_\_\_\_

Address \_\_\_\_\_

Town/city \_\_\_\_\_ Zip code \_\_\_\_\_ County \_\_\_\_\_

Parent cell phone \_\_\_\_\_ Parent Email \_\_\_\_\_

Homeschool, or Highschool name: \_\_\_\_\_

\*Please attach an actual size photocopy of the student's permit. If you are not able to do so, we will scan your students permit at the time of their first appointment for our record.

**To schedule drives please text 815-464-0092**

**For general information and questions please call or text us at 708-490-8975**

**Our email is [breesedrivingschool@gmail.com](mailto:breesedrivingschool@gmail.com)**

BTW. Student Laboratory Sheet **NAME:** \_\_\_\_\_

Class# BTW ONLY days X Time X **TUITION** \$375 Paid Y N

Cell \_\_\_\_\_ text Y N \_\_\_\_\_ Text Y N

Session Date / Duration/Observer

S1: \_\_\_\_\_ S5: \_\_\_\_\_

S2: \_\_\_\_\_ S6: \_\_\_\_\_

S3: \_\_\_\_\_ S7: \_\_\_\_\_

S4: \_\_\_\_\_ S8: \_\_\_\_\_

**6 hours of Observation completed? Yes No**

**Comments:**

<u>Session</u>	<u>S1</u>	<u>S2</u>	<u>S3</u>	<u>S4</u>	<u>S5</u>	<u>S6</u>	<u>S7</u>	<u>S8</u>	
<b><u>Session Grade</u></b>									
<b><u>Pre-start and starting:</u></b>									
<b><u>Moving forward:</u></b>									
<b><u>Moving backward:</u></b>									
<b><u>Slowing and stopping:</u></b>									
<b><u>Enter Traffic:</u></b>									
<b><u>Right Turns:</u></b>									
<b><u>Left Turns:</u></b>									
<b><u>Negotiating Intersections:</u></b>									
<b><u>Lane Change:</u></b>									
<b><u>Uphill Parking:</u></b>									
<b><u>Downhill Parking:</u></b>									
<b><u>Angle Parking:</u></b>									
<b><u>Perpendicular Parking:</u></b>									
<b><u>Parallel Parking:</u></b>									
<b><u>3 Point Turn-About</u></b>									
<b><u>Expressway:</u></b>									
<b><u>Back around corner:</u></b>									
<b><u>Passing:</u></b>									
<b><u>Traffic Controls response:</u></b>									
<b><u>Response to Emergencies:</u></b>									

**Final Evaluation? Pass Fail** Signatures: **Instructor** \_\_\_\_\_ **Student** \_\_\_\_\_

**Evaluation:** 4: Performs with no coaching / 3: Performs adequately: some coaching /

2: Performs: much coaching / 1: Does not respond to teaching.

