

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

**Contract: Parent Agreement Form. BTW- TEEN Additional Lesson(s) 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 \_\_\_\_\_.

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. 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\_\_\_\_\_.

**\*\*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. If you do not agree with the above permission statement, please add any additional conditions below.

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

**1. Laboratory "BTW", driving only (Additional Lesson- NOT OFFICIAL STUDENT)**

**Tuition total: \$140**

**Payment Method:** \_\_\_\_\_

**Receipt #:** \_\_\_\_\_

**Students 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: \_\_\_\_\_

**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 breesedrivingsschool@gmail.com**