

REEDER DRIVING SCHOOL

600 Halfway Rd Suite 107 Marion, IL 62959

1-309-827-0022/FAX 309-827-9920

TEEN DRIVER EDUCATION COURSE STUDENT ENROLLMENT

NAME FIRST: _____ M.I. ____ LAST: _____

PHONE: (____) _____ 2NDPHONE :(____) _____

ADDRESS _____ CITY _____

ZIP CODE _____ BIRTHDATE: _____

I hereby give permission for my son/daughter who is _____ years of age to enroll in the driver education course offered by REEDER TRANSPORTATION TRAINING CENTER, INC. The driver education Course consists of thirty (30) hours of classroom, six (6) hours of behind the wheel driving and six (6) hours of in-the-car observation time.

The tuition for this course is \$450.00 and is payable as follows \$150.00 deposit
Includes a non-refundable registration fee of \$75.00

PLEASE RETURN AS SOON AS POSSIBLE. (ENROLLMENT IS LIMITED)

\$ 100.00 on or before the 1st-day of class

\$ 100.00 on or before the second TUESDAY

\$ 100.00 on or before the 3rd TUESDAY of a 4 week class, and the 4th TUESDAY of a 5 week class
(If the class is not paid in full by those days a \$25 fee will be added to the balance)

If you need other payment options please let us know before the class starts and we will try to accommodate.

If the student drops out of the course or is expelled from the course, any tuition paid will be a prorated refund for lessons not taken in the classroom or in the car.

The school is authorized to hold the LETTER OF COMPLETION until the tuition is paid in full.

The school will furnish a textbook for the student to use for the duration of the course, if the books are damaged or defaced and are not acceptable to the school, the undersigned agrees to purchase the textbook for \$30.00. The fee for the permit is an extra \$20.00 payable to the Secretary of State.

Parental Signature _____ Date _____

Student Signature _____ Date _____

PLEASE INDICATE WHICH CLASS YOU ARE ENROLLING FOR: _____

