MR. CRONIN'S DRIVING SCHOOL/AGREEMENT

Student Information:

Parent phone:	Legal Name: (Last)		(Firs	(First)		(M. Initial)		
Parent phone:	Date o	f Birth: (mm/dd/yy)	Sex:	Male	Female			
Emergency contact other than parent:	Address:		City:			Zip:		
Emergency contact other than parent:	Parent phone:		Student ce	Student cell phone:				
Terms: 1. Attendance: a. Classroom: The State of Illinois requires 30 completed hours of classroom attendance to receive credit for this up to 4 classroom sessions but these must be made up. If a student misses 5 sessions they must repeat the whadditional charge. b. Behind the Wheel (BTW) lessons: The State requires 6 hours of driving and 6 hours of observation. Students w dropped off at specified locations agreed by the instructor and parent. At times there may be only one student drop off. During COVID only 1 student will be in the car for the duration of the lesson. 2. Students must have their Instruction Permit with them for all lessons. 3. Financing is available on request but failure to pay outstanding debts by due date will result in the following and The Behind the Wheel portion of the program may be delayed due to lack of payment. b. Certification of Completion for High School Credit (where applicable) will not be issued. c. If a student does not finish Behind the Wheel they can request a refund for the portion not completed. 4. All classroom and BTW lessons must be completed within 9 months of the first day of class. 5. Any disputes under this contract will be directed to the Secretary of State's office. 6. Prior to Mr Cronin's Driving School requesting a Certificate of Completion for a student, Mr Cronin's Driving Sc student is enrolled in school and has received a passing grade in at least 8 courses during the 2 semesters. Ver eligibility to obtain a Certificate of Completion from the Secretary of State shall be by one of the following me a obtain written documentation on a form prepared or approved by the Secretary of State stating that the studin at least 8 courses during the previous 2 semesters; b. obtain a written varier from the Superintendent or School Administrator on a form prepared or approved by cobtain written verification on a form prepared or approved by the Secretary of State stating that the student in the student of the previous 2 semesters indicating a passing over the previous 2	Parent	name:	Parent em	ail:				
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I agree to the above terms and conditions: Parent Initials Student Initials	l agree	to the above terms and conditions: Par	ent Initials	S	tudent Initials_			

_____ Date:__

Please mail or email this form to: Mr Cronin's Driving School

1985 Huntley Road West Dundee, IL. 60118