

# Skiles Driving School, Inc.

485 Avenue of the Cities, Suite 3, East Moline, Illinois 612444

Phone (309)278-0098

## ENROLLMENT FORM

Name of Student: \_\_\_\_\_ Birthday \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ Do you text? Yes or No

Student's cell \_\_\_\_\_ Parent's email \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

School Student attends \_\_\_\_\_

Any other information needed? (accommodations or concerns for your student) -

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## DISCLOSURE STATEMENT

1. Behind-the-wheel instruction may be individual or in a group basis.
2. State of Illinois law requires that students who are absent for more than four(4) classroom sessions for ANY reason will be dropped immediately from class and their driving permit rescinded.
3. As pursuant to Illinois Administration Code Ch.11 Sec.1060.80c, Skiles Driving School, Inc. will not refund any tuition or any portion of the tuition if the school is capable and willing to perform its part of the contract.
4. The school vehicle can be used to take the driving test to obtain a driver's license for a fee of \$50.00.
5. Skiles Driving School, Inc. does not guarantee you your license.
6. This agreement constitutes the entire contract between Skiles Driving School, Inc. and the student. No verbal assurances or promises not contained herein shall bind Skiles Driving School, Inc. or the student.
7. All disputes under this section must be directed to the Secretary of State Office.
8. Failure to show up for your scheduled drive times will result in a \$50.00 reschedule fee.
9. Parent gives consent for one student per driving instructor.

I have read the preceding disclosures and understand that I must meet one of the above eligibility prior to the driver training school requesting a blue form from the Secretary of State. I have read and

understand the fees in which are involved in attending Skiles Driving School, Inc. Please read, sign, and return this form along with total payment of \$385.

Name of Student \_\_\_\_\_  
(Last) (First) (Middle)

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

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