



Green Light Driving School
34 N Island Ave, Ste E, Batavia IL 60510
Email: info@greenlightdriving.com
www.greenlightdriving.com · 630-879-7700

Date: _____ Date of first class: _____

Registration (choose one)

- Classroom + Six hours Behind-The-Wheel (BTW)** Includes 30 hours of Classroom + six hours of BTW + six hours of in-car observation instruction.
- Classroom + Eight hours Behind-The-Wheel (BTW)** Includes 30 hours of classroom + eight hours of BTW.
- Six Hours BTW Only** Includes six hours of BTW + six hours of in-car observation. Has Permit? ____ yes ____ no.
- Eight Hours BTW Only** Includes eight hours of BTW. Has Permit? ____ yes ____ no.
- Classroom Only** Includes 30 hours of classroom instruction.

Student Information

Please enroll (student's legal name) _____ as a student at GLDS.

Address: _____ City: _____ State: IL

Zip Code: _____ Home Phone #: () _____ Date of Birth: _____

Student's Cell # () _____ School attended: _____

Person responsible for account: _____ Work phone _____

Cell phone # () _____ Email _____

Responsibilities:

Parents (or student) are responsible for:

Transportation to and from the classroom.

Making payment in full by the end of the 4th week of class. Accounts not paid on time may be subject to a \$25.00 late fee.

Making appointments for all hours of Behind-the Wheel (BTW) driving instruction.

Note: BTW appointments canceled without at least a 24 hr. notice are subject to a \$40.00 fee.

Also note: The State of Illinois requires the program (Classroom and BTW) be completed within nine months of the first day of class. Any student not completed within nine months may be subject to additional fees or permit cancellation.

I, the parent, or guardian, of the above named student have read and agree with the statements above.

X _____ Date: _____