

COOP'S Driving School
40W222 LaFox Rd Suite O-2
Campton Hills IL 60175
coopsdrivingschool.com 630-584-COOP

Student's **Legal Name:** _____

Address: _____ City: _____ ZIP: _____

TERMS AND CONDITIONS

Requirements prior to COOP'S Driving School requesting a Certification of Completion:

- Students must be 15 years old by the last class session.
- Complete and return one of the three following approved Secretary of State forms:
 1. Blue Form - Signed by a school administrator confirming the student has received passing grades in at least 8 courses during the previous 2 semesters, or provide copies of report cards indicating passing grades in at least 8 courses / previous 2 semesters.
 2. Yellow Form - Signed by a parent/guardian confirming the student is homeschooled.
 3. Pink Form - Signed by a school administrator confirming the student, prior to dropping out of school, had received a passing grade in at least 8 courses during the 2 previous semesters last attended.
- Sign and return *this* form.

Teen Accreditation Classroom: (Classroom is audio and video recorded)

- COOP'S Driving School is a AAA approved driving school. We use AAA's *How to Drive* curriculum which meets the requirements set forth by the Illinois Secretary of State.
- The class consists of 15 / 2-hour sessions for a total of 30 hours.
 - Students can miss up to four classes, but must complete one of the following:
 1. Attend another class covering the missed class material.
 2. Complete an assignment given by the classroom instructor.
- A minimum grade of 75% on the midterm exam and the final exam is required by the Secretary of State to satisfactorily pass this phase.

Student initials _____ Parent/Guardian Initials _____

Behind-the-Wheel: (Drives are audio and video recorded)

- COOP'S Driving School offers 4 options: (Indicate your choice with an X)
 1. Classroom plus 6 hours BTW / 6 hours observation: \$499 _____
 2. Classroom plus 8 hours BTW / No Observation \$599 _____
 3. 6 hours BTW / 6 hour observation: \$390 _____
 4. 8 hours BTW / No observation: \$490 _____

Instructional Permit Requirements:

1. Be 15 years of age.
 2. Attend 2 class sessions.
 3. Pass written and vision test given by the Secretary of State.
- Pickup and dropoff locations:
 - COOP'S Driving School, your home, or high school.
 - Must have instructional permit each and every BTW.
 - Instruction is on a group basis. No more than 3 students in a car. Due to scheduling, there is the possibility of the student being alone in the car with only the instructor.
 - COOP'S Driving School does not include the use of the school vehicle in taking a driving test to obtain a driver's license.

Payment:

- A deposit of \$100 is required to reserve your seat in the desired class. The remaining balance will be due prior to COOP'S Driving School submitting Certification of Completion.

Additional Fees:

- \$60.00
 1. If the scheduled BTW is canceled with less than 24 hours notice.
 2. If the student is not at the pickup location when scheduled. (No Show)
- \$200.00 - Reinstatement Fee for any student who misses more than 4 classes and wants to enroll in a future class.

I have read and understand the Terms and Conditions for participating in COOP'S Driving School. This document shall constitute the entire contract between COOP'S Driving School and the student, and no verbal assurances or promises not contained in the agreement shall bind the school or the student. I further understand the Secretary of State requires the entire program to be completed within 9 months of the first day of class. Any disputes can be directed to the Secretary of State's Office.

Student Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

COVID-19 Additional Terms And Conditions/Waiver

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that COOP'S Driving School has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that COOP'S Driving School can not guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Instructor staff, and other students and their families.

I voluntarily seek services provided by COOP'S Driving School and acknowledge that I am increasing my risk of exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending COOP'S Driving School

I attest that:

* I am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

* I have not traveled internationally within the last 14 days.

* I have not traveled to a highly impacted area within the United States of America in the last 14 days.

* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

* I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non contagious by state or local public health authorities.

* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold COOP'S Driving School harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the school, or that may otherwise arise in any way in connection with any services received from COOP'S Driving School. I understand that this release discharges COOP'S Driving School from any liability or claim that I, my heirs, or any personal representatives may have against the school with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from COOP'S Driving School. This liability waiver and release extends to the school together with all owners, partners, and employees.

Parent/Guardian Sign _____ Student Signature _____