



Entourage Driving School
 5245 N. Elston Ave
 Chicago IL 60630
 773-481-7455

Enrollment Date : _____ Batch: _____

Start Classroom Date : _____ End Classroom Date : _____

End BTW Date : _____ 9 Month Expiration Date: _____

Teenager/Cooperative Driving Test Enrollment Record Card

Note: Legal Name needs to match the Birth Certificate/Passport and/or Social Security Card

Legal First Name _____

Legal Middle Name _____

Legal Last Name _____

Date of Birth _____

Best Contact Email(s) _____

Parent(s) Phone Number _____

Student's Phone Number _____

Address (Street, Unit) _____

City, State, Zip, County _____

Height: ___'Feet ___"Inches ; **Weight:** ___ lbs **Hair Color:** ___ **Eye Color:** ___ **Sex:** ___

Permit Number _____

Permit Issued: _____ **Permit Expires:** _____ **FAC-CM#:** _____

Deposit: _____ **Balance:** _____ **Cooperative Driving Test Program:** Yes No

_____ **Cooperative Driving Test Program Only**

Test Date/Time : _____ **BTW Completion Date:** _____

Certificate of Completion: Yes No **Letter Grade:** ___ or ___%

**Verify at ilsos.gov/deccheck*

A "P" on report card/transcript is unacceptable

School Code on Permit: _____ **School Completed Driver's Ed/BTW:** _____

Insurance Company: _____ **Insurance Policy Number:** _____

Insurance Expiration Date: _____ **Car Make/Model:** _____

Car Plate Number: _____ **Instructor Conducting Test:** _____

Vehicle meets requirements defined in Ill. Admin. Code tit. 92 § 1030.84 ; Vehicle: Pass Fail