



Entourage Driving School  
3450 Montgomery Road, Unit 25  
Aurora Illinois 60504  
773-683-8402

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