



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](http://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