## M&M Driving School, Inc.

206 N. Randolph Suite 4B (Church Street Square) Champaign, IL. 61820 / Phone: 217-531-0625 / Email: abmartin55@comcast.net

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## **Remedial Instruction Agreement**

- 1. The Remedial Class fee is \$100. All fees are required to be paid in full before remedial course completion will be filed with the Secretary of State.
- 2. Class attendance and an exam score of 75% min. is required for course completion.
- 3. The class fees are non-refundable but are transferable, 24 hour notice is required should a student need to cancel and reschedule.
- 4. In the event of a severe weather cancellation or other Instructor emergency students will be allowed the option of a refund. M&M Driving School will make reasonable effort to contact students and will post cancelations on our voice mail system.
- 5. Cell phones and personal electronic devices must be turned off during class.
- 6. Disruptive, uncooperative or threatening behavior will not be tolerated. Any student exhibiting inappropriate behavior will be dropped from the class, a failing grade will be recorded with the Secretary of State and no refund of fees paid.
- 7. Our next class times offered are as follows: (4 hr Remedial Course)

June 6<sup>th</sup> @ 9:00am-1:00pm (Saturday)

8. Registration must be received and M&M confirmed a minimum of 3 days before class date. If no registrations are received by that date class will be canceled.

Should you have questions please email me at: <a href="mailto:abmartin55@comcast.net">abmartin55@comcast.net</a>

Thank you,

Tony Martin

Tony Martin
Owner / Instructor

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**Student & Parent / Guardian:** Please print all information below, sign where indicated, enclose \$100 fee and return to:

## **M&M Driving School, Inc.**

206 N. Randolph Suite 4B Champaign, IL. 61820

I / We have read the Instruction Agreement and agree to the requirements, rules and fees associated with attending: Remedial Driver Training at M&M Driving School, Inc.

<b>Date:</b> //				
<b>Student Name:</b>				
(First)	_(MI)	_(Last)_		
(Birthday)/				
Driver License #:				_
Address:				
(Street)	_(City)		_(State)	(Zip)
Home Phone: ( )				
Class Session / Date Requeste	d:			
Student Signature:				
Parent / Guardian Signature	( <b>If student</b> i	s under	· 18):	
Student Cell Phone: ()				
E-mail Address:				