

APPLICATION TO ENROLL IN THE PRECISION DRIVING SCHOOL DRIVER EDUCATION PROGRAM

(Please PRINT clearly the following information)

STUDENT

LEGAL NAME:

Last

First

Middle Initial

_____/_____/_____
Date of Birth

LEGAL ADDRESS:

(Where you live)

& Street

(NO P.O. Boxes)

City

State

Zip

M F (Circle One)

Age

Grade

Student Email

HOME PHONE: _____

PARENT E-MAIL: _____

STUDENT CELL PHONE: _____

PARENT CELL PHONE: _____

I wish to make application to participate in the PRECISION DRIVING SCHOOL DRIVER EDUCATION (PDSDE) PROGRAM. I am willing to give the necessary time and effort in order to fulfill the requirements of this course. Enrolling in this course does not guarantee a certificate. No student will be "signed-off" with a passing grade unless that passing grade is earned.

It is further understood that it is necessary to pay \$800.00 tuition, refundable only if I withdraw at least two (2) business days before the start of the first class and another student can be found to take my seat. Full payment is accepted, but at least one half payment of \$400.00 must be made at least a week prior to the first class. All payments must be completed within one month from the start of the course. Please make checks payable to PRECISION DRIVING SCHOOL. Cash is accepted also, and if using a credit card, the cardholder is responsible for any fee(s) charged by the banks (currently \$10 per half payment). Checks returned by the bank will require a \$50 payment by the check issuer. The "**How to Drive**" book issued to the student must be returned prior to receiving their certificate of completion. If the book is lost, stolen or damaged, you must pay a \$100.00 replacement fee. No certificate will be issued until all tuition/fees are paid and all work turned in.

I understand that I am covered by insurance while driving in the school driver education vehicle only, and that I am required to drive **at least 40 additional hours outside of class** with a parent/guardian or other licensed driver age 25 or older with parental permission.

I understand that I must have my assigned materials at every classroom and behind-the-wheel (BTW) session. To cancel a pre-arranged BTW lesson, I must notify the instructor at least 12 hours in advance. If I do not bring necessary materials, do not bring my required glasses/contacts, do not appear for a drive, or do not notify the instructor 12 hours in advance of a need to reschedule, I will pay a \$50.00 NO-SHOW FEE before the next drive.

By State of New Hampshire Rules, I realize that no classroom instruction shall be missed except for good cause as determined by the instructor. Pursuant to NH Rules, absences due to good cause SHALL NOT exceed four (4) hours. Any classroom time missed for good cause SHALL be made up with assignments equivalent to the missed lesson, at no additional cost to the student.

I realize I must read and agree to comply with the requirements as stated in this Application. **Once a student starts a class, parent(s)/guardian(s) are indebted for the full tuition amount. I/We agree to pay all attorney's and collection fees should such action become necessary to collect any or all of the tuition.** If I have questions or concerns, I must contact the instructor as soon as possible.

(Student Signature)

(Parent / Guardian Signature)



(OVER)...to complete the confidential health information)

Rev: October, 2022

PRECISION DRIVING SCHOOL DRIVER EDUCATION PROGRAM
CONFIDENTIAL HEALTH INFORMATION

PARENT OR GUARDIAN NAME & PHONE: _____

PARENT OR GUARDIAN EMAIL: _____

1. Please circle below any physical or medical limitations that your teenager may have:

Hearing Problems	Yes	No	Allergies	Yes	No
Vision Problems	Yes	No	Epilepsy	Yes	No
Diabetes	Yes	No	Fainting Spells	Yes	No
Heart Trouble	Yes	No	Paralysis	Yes	No
Orthopedic Problems	Yes	No	Cerebral Palsy	Yes	No
Chronic Illness	Yes	No	Asthma	Yes	No

Other Special Needs: (describe) _____

Please describe any "YES" answer in detail.

2. Is your son or daughter taking any medication regularly? Yes No

If "Yes," please list medicine: _____

Describe any side effects: _____

3. Does your son or daughter have any specific learning disabilities (including reading difficulties – also any IEP or 504 plan) which might hinder progress or limit participation in either the classroom or behind-the-wheel activities? Yes No

If "Yes," explain: _____

4. Is your son or daughter's privilege to drive suspended or revoked in this or any other State? Do they have any charges pending that could result in their privilege to drive being suspended or revoked? Yes No

If "Yes," explain: _____

5. Do you wish to schedule a conference with the Driver Education instructor? Yes No

I fully approve of my son/daughter enrolling in the PRECISION DRIVING SCHOOL DRIVER EDUCATION (PDSDE) PROGRAM and will provide FORTY (40) or more hours of supervised behind-the-wheel practice in addition to the minimum TEN (10) hours of in-car lessons provided by the PDSDE PROGRAM driving instructor (s). An average of four to five hours of adult-supervised driving to each hour of PDSDE Program behind-the-wheel instruction is expected.

Parent or Guardian Signature

Date

NOTE: Return this completed application form, along with a check or money order payable to "PRECISION DRIVING SCHOOL," to the High School Main office during the sign-up dates. Credit cards also accepted provided the card holder is willing to pay the bank fees charged.

PRECISION

DRIVING SCHOOL

Rev: August, 2022