

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 receive a passing grade unless that passing grade is earned. **No completion certificate will be issued until all tuition and fees are paid, driving and observation hours completed, textbook returned, and all course requirements are completed.**

It is further understood that it is necessary to pay the tuition at the going rate, (Currently \$800 at Littleton and \$850 at Lin-Wood, subject to change prior to the start of any course) 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 must be made at least a week prior to the first class. All payments must be completed at least two weeks prior to the last class to allow checks to clear. 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 charged by the bank. 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.

I understand that I am required to drive **at least 40 hours outside of class (10 night hours)** with a parent/guardian or other licensed driver age 25 or older with parental permission prior to going to the DMV for testing.

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 twelve (12) hours in advance. If I do not bring my required glasses/contacts, do not appear for a drive, or do not notify the instructor at least twelve 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. Over four hours missed requires my removal from the class. 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 have read and agree to comply with the requirements as stated in this Application and PDS Policies. **Once a student starts a class, parent(s)/guardian(s) are indebted for the full tuition amount. Parents/Guardians: 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)

PRECISION 
DRIVING SCHOOL

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

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) before going to the DMV for testing. **An average of four to five hours of adult-supervised driving practice is expected each week throughout the duration of the classroom portion of this program.**

Parent or Guardian Signature

Date

NOTE: Return this completed application form, along with a check or money order payable to "PRECISION DRIVING SCHOOL," at the materials pickup night at the school where class is being held. Credit cards are also accepted provided the card holder is willing to pay the bank fees charged.

