REGISTRATION INFORMATION – DRIVER EDUCATION

Lebanon 24-25 School Year

This information must be your legal information as shown on your birth certificate. Please print.

Student's First Name Full Middle Name		te of Birth:/
Mailing address (Must include Street even	n if you have a PO Box, City/Town, S	State, ZIP)
Phone # Home		
Parent/Guardian First Name	Last Name	Phone #
Where do you go to school?		
Parent and Student have read and agree Handbook available on our website. Par I understand Twin State Driving cars ha	ent InitialsStuder	nt Initials
Will you be in a sport, band, drama, anothe	r activity or have a job during class?	What is that activity?
Have you notified/talked to your coach, or	activity leader?	
After School Classes: Quarter #1 Night Classes: Fall Winter Summer '25		Quarter #4
The best time to complete the driving portion your student's availability for the corresponsion a study hall drive time, however, many study Free Time/ Study Hall period Is there anything unique to your schedule.	nding class session. Every effort will dents have the same study hall and m	be made to place your student in
Does your student have an IEP or a 504??? for accommodations needed before the class form. We may request/require a meeting to	ss begins. Please send a copy of your	
In an effort to ensure this is a successful postudent that may affect their performance in		
Parent's/guardian's signature	date	

For Office Use Only:

Deposit _____ Birth Cert ____ Balance Due: ___

Contractual Agreement

	re the driving privileges for the person enrolling in this driver education program currently under suspension or evocation?					
Is there any pending action against the person enrolling in this driver education program which could cause the driving privileges to be suspended or revoked in the future? (If any violation occurs between registration and the classroom session, parents are required to inform the instructor.)						
Twin Stat	e Driving Academy, Inc. agrees to accept the following responsibilities:					
1)	to provide 30 hours of classroom instruction in basic driver's education,**					

- 3) to provide a vehicle specially equipped for driver education purposes,4) to evaluate each student's driving and academic achievement,
- 5) to issue a driver education certificate **when all the obligations of the class** are successfully met. Obligations must be completed within 6 months of the last date of class.
- ** For students who are meeting class requirements. (academic performance, appropriate behavior, driving progression and full tuition paid.)

The student and parent /guardian agree to accept the following responsibilities:

- 1. To be responsible for the \$875.00 fee;
- 2. To return classroom materials in good repair;
- 3. To attend class consistently; to take and maintain classroom notes; to complete all assigned work on-time; to bring your book, paper and writing materials to every class.
- 4. To be substance-free at all times (classroom and driving); to obey all traffic regulations;
- 5. To pay \$60 for each scheduled driving times missed without sufficient prior notification.
- 6. To pay \$20 for each observation completed after the class has finished.
- 7. To immediately report any suspension or revocation of driving privileges of the enrolled student.
- 8. To practice drive as required with the student.
- 9. To agree a student who 'times out' of class will need to pay a pro-rated fee to complete the course during the next available class.

Student/ Parent's agreement:

Parent's/guardian's signature

I have thoroughly and carefully read this document as well as the handbook available online. I understand my responsibilities as explained herein, and agree to abide by them in so far as they relate to me.

I give my permission for my student to actively participate in the driver education program at Twin State Driving

Academy, Inc. To the best of my knowledge, this student has no physical, mental, or emotional factors or other disabilities that would negatively affect her/his ability to properly operate a motor vehicle, except as indicated here:					
Student's signature	date				

If you have any questions about this information, please do not hesitate to call. It is in everyone's best interest to set your student up to succeed, and to be clear about expectations. We generally return phone calls in the early evening.

Please mail this form, along with a photocopy of your student's birth certificate and \$200 deposit to:

Twin State Driving 37 Elm St Lebanon, NH 03766

Twin State Driving recommends that you keep a copy of this contract for your records.

date