

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 _____ Last Name _____ Date of Birth: ____/____/____

Mailing address (Must include Street even if you have a PO Box, City/Town, State, ZIP)

Phone # Home _____ Students Cell # _____
Student E-mail address (required) _____
Parent email (you use regularly) _____

Parent/Guardian

First Name _____ Last Name _____ Phone # _____

Where do you go to school? _____

Parent and Student have read and agree to the policies in the Twin State Driving Student & Parent Handbook available on our website. Parent Initials _____ Student Initials _____
I understand Twin State Driving cars have in-car cameras recording all drives. Parent Initials _____

Will you be in a sport, band, drama, another 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 _____ Quarter #2 _____ Quarter #3 _____ Quarter #4 _____
Night Classes: Fall _____ Winter _____ Spring _____
Summer '25 _____

The best time to complete the driving portion of class is during a student's study hall or free time. Please indicate your student's availability for the corresponding class session. Every effort will be made to place your student in a study hall drive time, however, many students have the same study hall and may have to drive after school.

Free Time/ Study Hall period _____

Is there anything unique to your schedule we should be aware of? _____

Does your student have an IEP or a 504??? Y / N Students with an IEP or 504 must make plans and requests for accommodations needed **before** the class begins. Please send a copy of your IEP/504 with your registration form. We may request/require a meeting to discuss accommodations.

In an effort to ensure this is a successful positive experience, is there anything we should know about your student that may affect their performance in the program? _____

Parent's/guardian's signature _____ date _____

For Office Use Only:

Deposit _____

Birth Cert _____

Balance Due: _____

Are the driving privileges for the person enrolling in this driver education program currently under suspension or revocation?

Twin State Driving Academy, Inc. agrees to accept the following responsibilities:

- ** For students who are meeting class requirements. (academic performance, appropriate behavior, driving progression and full tuition paid.)

1. To be responsible for the \$875.00 fee;
2. To return classroom materials in good repair; Text books returned in poor condition will result in a \$30 fee.
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.

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:

date

date

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

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