

## REGISTRATION INFORMATION – DRIVER EDUCATION

### Lebanon 23-24 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? \_\_\_\_\_

**The only class that still has room for 23-24 is the summer class. We are not accepting registrations for the 24-25 school year until May/June.**

**Summer '24** \_\_\_\_\_

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** \_\_\_\_\_

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  
\_\_\_\_\_

### Contractual Agreement

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

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

- 1) to provide 30 hours of classroom instruction in basic driver's education,\*\*
- 2) to provide 10 hours behind-the-wheel instruction,\*\*
- 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 \$795.00 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.
10. To complete a Google classroom self-paced class in place of a mandatory parent night. It will be available the summer of '23.

Student/ Parent's agreement:

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

\_\_\_\_\_  
Parent's/guardian'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 \$150 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.**