

# Anthony's Driving Academy

## Application for 2026

### STUDENT'S

LEGAL NAME: \_\_\_\_\_  
Last First Middle Birthday

ADDRESS: \_\_\_\_\_  
Street City ST Zip

M F (Circle One) \_\_\_\_\_  
Age Grade High School

HOME PHONE: \_\_\_\_\_ STUDENT CELL PHONE: \_\_\_\_\_

STUDENT E-MAIL: \_\_\_\_\_

Please list any in-school or out-of-school activities that may conflict with classroom or driving time.

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### PARENT-CONTACT INFORMATION

NAME: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

SESSION INTERESTED IN: (Please Write in Choice's) *If classes are full, you will be contacted with options or just write in waitlist for soonest.*

**Students must be at least 15 years 9 months by the first scheduled day of class.**

**First Class Choice**

**Second Class Choice**

**Third Class Choice**

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How did you hear about us \_\_\_\_\_ web search \_\_\_\_\_ driving by \_\_\_\_\_ flyer (where) \_\_\_\_\_?

Friend (who) \_\_\_\_\_ other \_\_\_\_\_

**It's best if the students have 5-10 hours or more of home driving before starting.**

# Anthony's Driving Academy

## Application

I wish to participate in Anthony's Driving Academy. I am willing to give the necessary time and effort in order to fulfill the requirements of this course.

It is further understood that the deposit of **\$200.00 (less \$100.00 office fee)** is refundable only if I withdraw within 10 days of the first-class session (*parent night*). The balance of **\$650.00** must be paid prior to the first class. Please make checks payable to "Anthony's Driving Academy." Refunds will NOT be granted for "dropping" the class after the parent meeting, suspension, expulsion, or failing the class for any reason.

I understand that I am covered by insurance while driving in the education vehicles only, and that I am required to drive **at least 4** additional hours outside of class for each driver education behind the wheel lesson hour with a parent / guardian who has insurance coverage on their personal vehicle.

I understand that I must have and bring my assigned materials to every behind-the-wheel (BTW) lesson. To cancel a pre-arranged (BTW) lesson, I must notify the driver educator at least one day (24hrs) in advance. If I do not bring necessary material, do not bring my required glasses/contacts, do not appear for a drive, or do not notify the instructor at least 24 hours in advance of a need to reschedule, I will pay a **\$50.00** cancellation fee for a 1 hr drive or **\$100.00** for a 2 hr drive before the next scheduled drive.

I realize I must read and agree to comply with the requirements as stated in the Student / Parent Handbook. The handbook will be handed out before the first class. It is my responsibility to read the handbook before the next scheduled class and then become familiar with the publication including the classroom instruction format, the class expectations, the grading policies, the attendance / tardiness regulations, and class requirements. If questions or concerns exist from a student or parent, they must contact the instructor within the first week.

It is mandatory that the students have at least 5-10 on home driving before attending the classes.

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(Student Signature)

(Parent / Guardian Signature)

(Date)

**Anthony's Driving Academy**  
CONFIDENTIAL HEALTH INFORMATION

**PARENT OR GUARDIAN NAME:** \_\_\_\_\_

**PARENT OR GUARDIAN WORK TELEPHONE #** \_\_\_\_\_

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

<b>Hearing Problems</b>	<b>Yes</b>	<b>No</b>	<b>Rheumatic Fever</b>	<b>Yes</b>	<b>No</b>
<b>Vision Problems</b>	<b>Yes</b>	<b>No</b>	<b>Epilepsy</b>	<b>Yes</b>	<b>No</b>
<b>Diabetes</b>	<b>Yes</b>	<b>No</b>	<b>Fainting Spells</b>	<b>Yes</b>	<b>No</b>
<b>Heart Trouble</b>	<b>Yes</b>	<b>No</b>	<b>Paralysis</b>	<b>Yes</b>	<b>No</b>
<b>Orthopedic Problems</b>	<b>Yes</b>	<b>No</b>	<b>Cerebral Palsy</b>	<b>Yes</b>	<b>No</b>
<b>Chronic Illness</b>	<b>Yes</b>	<b>No</b>	<b>Asthma</b>	<b>Yes</b>	<b>No</b>

**Other Special Needs: (describe)**

**Please describe any "YES" answer in detail.**

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

**If you say "Yes," please list medicine:** \_\_\_\_\_

**Describe any side effects:** \_\_\_\_\_

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

**If "Yes," explain:** \_\_\_\_\_

- 4. Has your son or daughter been convicted of a Minor in Possession, a DUI, a DWI, or any other offense which would restrict their driving privilege?**    **Yes**    **No**

**If "Yes," explain:** \_\_\_\_\_

- 5. Do you wish to schedule a conference with the driver educator?**    **Yes**    **No**

**I fully approve of my son / daughter enrolling in Anthony's Driving Academy Driver Education Traffic Safety Program and will provide four hours of supervised behind-the-wheel to practice the maneuvers and concepts introduced in each hour of the programs behind the wheel of instruction. This totals 40 hours over the time of the course.**

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTE: Return this completed application form, along with a **copy of your birth certificate** and a deposit by cash, check or money order, payable to "Anthony's Driving Academy" and mail or drop off at 2 Chester Road, Suite 102, Derry, N.H. 03038, also you can use the Pay-pal option on the website