

Anthony's Driving Academy

Application

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.

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.*

Student must be at least 15 years 9 months by the first scheduled day of class

First Choice

Second Choice

Third Choice

How did you hear about us: ____ web search ____ driving by ____ flyer (where) _____

____ Friend (who) _____ other _____

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 **\$150.00 (less \$50.00 office fee)** is refundable only if I withdraw within 10 days of the first class session (*parent night*). The balance of **\$445.00** 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 by student or parent, they must contact the instructor within the first week.

(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:

Hearing Problems	Yes	No	Rheumatic Fever	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 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 check or money order payable to "Anthony's Driving Academy" and mail to 2 Chester Road * Derry * NH * 03038.