



Granite Hill School Driver Education Program

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Newport, NH 03773
Phone: 603-863-0697
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PRIOR TO SUBMITTING APPLICATION, PLEASE CALL ERICA PROPER AT 603-863-4918 FOR CLASS AVAILABILITY.

2018-2019 APPLICATION TO Granite Hill School Driver Education Program

(Please PRINT clearly the following information)

LEGAL NAME: _____ / ____ / ____
Last First Middle Initial Birthday

ADDRESS: _____
Street City Zip County

M F (Circle One) _____
Age Grade High School Student ID #

HOME PHONE: _____ FAX: _____ E-MAIL: _____

I wish to make application to participate in the Granite Hill School Driver Education Program. I am willing to give the necessary time and effort in order to fulfill the requirements of this course.

It is further understood that it is necessary to pay \$ 500.00 – refundable only if I withdraw before the first class session at Granite Hill Driving School. Two installments of \$250.00 may be made, one at enrollment, and the other prior to the first class. Please make cashier’s checks or money orders payable to “GHDS.” Refunds will NOT be granted for “dropping” the class after the initial 5 hours, 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 four (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 materials, 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 \$ 60.00 cancellation fee before the next drive.

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 the Granite Hill School Driver Education 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 cashier's check or money order payable to "GHDS," to the Granite Hill School Driver Education Program.