



# Granite Hill School Driver Education Program

PO Box 25 / 135 Elm Street

Newport, NH 03773

Phone: 603-863-0697

Fax: 603-863-1574

## REGISTRATION INFORMATION – DRIVER EDUCATION

2018-2019 School Year

This information must be your legal information as shown on your birth certificate. Please print.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ You MUST be 16 before the last day of the class.

\_\_\_\_\_  
Mailing Street Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Cell/Other Phone #

\_\_\_\_\_  
Email

\_\_\_\_\_  
Parent (1) First Name

\_\_\_\_\_  
Parent (1) Last Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Parent (2) First Name

\_\_\_\_\_  
Parent (2) Last Name

\_\_\_\_\_  
Phone #

Course Section: \_\_\_\_\_  
1<sup>st</sup> Choice

\_\_\_\_\_  
2<sup>nd</sup> Choice

Please indicate which quarter you are interested in enrolling:  
Fall, Winter, Spring and time preferences.

You are aware that you cannot miss class time (except for illness or death in the family). Parent initials: \_\_\_\_\_ Please notify the DE instructor, Peter Newbern at 863-0697 within 24 hours of an excused absence.

Since most drives happen during study halls, when you receive your schedule for the year, please let us know your free period or study hall. A schedule will be created based on that information two (2) weeks before the class begins. Should your schedule change, please let us know.

Does your student have and IEP or a 504 plan? \_\_\_\_\_ Students with an IEP or 504 plan must make plans and requests for accommodations needed before the class begins. Please send a copy of your IEP/504 plan with your registration form. Granite Hill Driving School does not automatically handle this for you.

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? (Such as anxieties or a family tragedy surrounding driving)

\_\_\_\_\_  
\_\_\_\_\_

PRIOR TO SUBMITTING  
APPLICATION, PLEASE  
CALL ERICA PROPER AT  
603-863-4918 FOR  
CLASS AVAILABILITY.

For Office Use Only: Deposit \_\_\_\_\_ Birth Cert \_\_\_\_\_ Balance Due \_\_\_\_\_

# CONTRACTUAL AGREEMENT

Are the driving privileges for the person enrolling in this driver education program currently under suspension or revocation?  
YES NO

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 at anytime during the class, parents are required to inform the instructor.) YES NO

Granite Hill Driving School agrees to accept the following responsibilities:

- To provide a **minimum** of 30 hours of classroom instruction in basic driver's education
- To provide 10 hours of behind-the-wheel instruction
- To provide 6 hours of observation time
- To provide a vehicle specially equipped for driver education purposes
- To evaluate each student's driving and academic achievement through rubrics, progress reports and graded assessments
- To issue a driver education certificate **when all the obligations of the class are met.**

The student and parent/guardian agree to accept the following responsibilities:

- To be responsible for the \$500.00 fee
- **To schedule and complete 40 hours of guided driving practice**
- To return classroom materials in good repair
- 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
- To be substance-free at all times (classroom and driving); to obey all traffic regulations
- To pay \$60.00 for each scheduled driving times missed without sufficient prior notification
- To immediately report any suspension or revocation of driving privileges of the enrolled student

## STUDENT'S AGREEMENT:

**I have thoroughly and carefully read this document.** I understand my responsibilities as explained herein. I agree to fulfill each of these responsibilities. I realize that once I sign this document, these responsibilities become legally binding contractual obligations. I know of no reason which would negatively affect my performance in the driver education program, except as indicated here:

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Student's Signature

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Date

## PARENT'S AGREEMENT:

**I have thoroughly and carefully read this document.** I understand my responsibilities as explained herein, and agree to abide by them in so far as they relate to me.

In the case where my student, \_\_\_\_\_, is less than 18 years of age, I agree to be responsible for paying \$\_\_\_\_500.00\_\_\_\_ if (s)he cannot personally fulfill this obligation. I give my permission for my student to actively participate in the driver education program at Granite Hill Driving School. To the best of my knowledge, this student has no physical, mental or emotional factors or other disabilities that would negatively affect his/her ability to properly operate a motor vehicle, except as indicated here:

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Parent's/Guardian's Signature

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Date

If you have any questions about this information, please do not hesitate to call Erica Proper @ 603 863 4918 or Danielle Paranto @ 603 863 0697. 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. **Granite Hill School Driver Education Program recommends that you keep a copy of this contract for your records.**