

**2018-19 APPLICATION TO *BeSafe Driving School, LLC @ PCA Dover, NH***

**Please PRINT clearly the following information (all fields required)**

**Full**

**BIRTH NAME:** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First Middle Initial Birthday

ADDRESS: \_\_\_\_\_  
(Not PO Box) Street City Zip Code

(Circle One) Male Female \_\_\_\_\_  
Age Grade High School  
**(Must be at least 15 years, 9 months of age to enroll)**

HOME PHONE: \_\_\_\_\_ Student Cell: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**Circle the Preferred Class:**      *May 1<sup>st</sup>*      *June 25<sup>th</sup>*      *Sept 10<sup>th</sup>*

I wish to make application to participate in the Portsmouth Christian Academy Certified 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 \$ 650.00 course tuition. **(All classes starting after June 1, 2018, tuition will be \$675.00)** Three installments may be applied as follows: \$100.00 non-refundable deposit with Registration Form, \$350.00 on or by the first day of class, and balance of \$225.00 by the end of the 5<sup>th</sup> week of class. Please make checks payable to "BeSafe Driving School". Refunds will not be granted for "dropping" the class for school suspensions, or failing the class for any reason. Valid medical conditions with doctor's note to "Drop" will be considered, less \$50.00 per hour for previously completed in-car lessons and the non-refundable \$100.00 deposit.

I understand that I am covered by insurance while driving in the education vehicle only, and that I am required to drive 40 additional hours outside of class with a parent/guardian/host or responsible adult over the age of 25 with a valid driver's license. NH-DMV requires students to obtain 40 hours of documented driving at home in addition to Driver Education, prior to licensing. The NH-DMV log sheet for home driving hours will be provided to students on the first day of class.

I realize I must read and agree to comply with the requirements as stated in the BeSafe Driving School @ PCA Student / Parent Handbook. The handbook will be issued on the first day of class. It is my responsibility to read the handbook and 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 should contact the Instructor within the first week.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Parent / Guardian Signature **if student under 18**)

**(OVER...to complete the confidential health information side)**

**CONFIDENTIAL HEALTH INFORMATION**

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

PARENT OR GUARDIAN WORK/CELL 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 disabilities (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, DWI, or any other offense which would restrict their driving privilege? (not their license)    Yes    No

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

5. Do you wish to schedule a conference with the Driving Instructor?                      Yes    No

I fully approve of my son/daughter enrolling in the BeSafe Driving School, LLC @ PCA Driver Education Program and will provide the required supervised behind-the-wheel driving, to practice the maneuvers and concepts introduced in each hour of the programs behind the wheel of instruction. This totals 40 hours of home practice prior to license testing at the NH Dept. of Motor Vehicles.

*(This is a NH-DMV requirement.)*

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**NOTE: Return this completed Registration Form, along with a deposit of \$100.00 via check, money order, or cash, payable to: "BeSafe Driving School", to the PCA Upper School Front Office, or mail to: BeSafe Driving School, 80 Hunt Rd, Kingston, NH 03848.**

*Enrollment is first come, first serve!*