

WINTER Driver Education classes will be held on Tuesdays and Thursdays from 2:30 to 4:30 PM, beginning on Tuesday, November 14th.

Class on **Wednesday, November 15th** will be at **6:30 PM** as that will be **Parents' Night**. A parent must accompany their son or daughter to class on the evening of **November 15th**.

If students miss more than two classes, for any reason, they must be dropped from the program. This is state law.

Students will need to attend **sixteen** classroom sessions from **November 14th to January 23rd**. Students will also need **TEN** hours of behind the wheel training and **SIX** hours of observation.

Tuition for the class is \$625.00

You must turn 15 years & 9 months on or before November 14th. (Born on or before 2/14/2002)

As soon as you have completed the forms, return them to the office with your deposit check and your place will be saved for this class. You may discard the scholarship document if you are not applying for it.

Please tear off this sheet and return the 3 other documents: including verification of an eye check (signed) plus a copy of birth certificate and deposit check attached.

Dear Parents,

As most of you are aware, New Hampshire has a graduated licensing system. When your sons and daughters get their license they cannot drive with more than one non-relative under age twenty five during the 1st six months.

The other laws for those under eighteen are: no driving between the hours of 1AM and 4 AM and no driving with more occupants than there are safety belts. The newest law concerning under-18 drivers concerns distracted driving. Everyone under 18 is prohibited from using any mobile device when driving, whether hands-free or not, except to report an emergency. Any violation of these laws will severely impact your insurance rates.

Parental involvement is as necessary now as it ever was. I have asked you, on the registration form, to assist us in reinforcing the rules of the road, as well as the rules of your house, by driving a considerable number of hours with your new driver both before and after they get their first license. The hope is that parental supervision will keep our children alive and well through their inexperienced driving years.

Parents' Night for this class will be on Wednesday November 15th at 6:30 pm in the lecture room.

Refund policy for the Driver Education Class will be based on the number of driving hours completed at the time of withdrawal. Each student at time of withdrawal will be charged at a rate of \$65.00 per completed hr. if they withdraw prior to class completion.

Please sign and return this form to indicate that you are aware of these rules.

Thank you;

Fred Robinson, Director, M.H.S. Driver Education

Parents Signature _____

Registration Form D.E. III 2017-18

The WINTER session of Driver Education meets Tuesdays and Thursdays from 2:30 to 4:30 PM

I state that my son/daughter has my permission to take Driver Education at Milford High School and that he/she has no condition, physical, mental or emotional that would prevent him/her from safely operating a motor vehicle on public roads and highways. I also state that he/she has had a physical exam within a reasonable time. I will be responsible for the payment of the tuition for this course. *I will also attempt to provide twenty hours of practice driving for my child before he/she takes the course (40 hrs. is the minimum required by the state of N.H.)

Milford High School Driver Education reserves the right to withhold the completion certificate or fail a student if sufficient classroom or in-car progress is not met.

Please attach a check for \$50.00 (this is a deposit) to the upper left hand corner of this form made payable to **Milford School District D.E.** Please use a paper clip. **Do not staple this check to the sign-up form.** The remaining \$575.00 (also in the form of a check made payable to **Milford School District D.E.**) will be **due the day of the first class, November 14th**. There are no other charges unless driving hours are missed without prior notice. In such cases students will be required to pay for all missed appointments. **Parents' Night is Wednesday November 15th at 6:30 PM in the lecture hall.**

Please enclose copy of birth certificate.

Also please sign the attached review of state laws relating to sixteen and seventeen year old drivers.

Please print: (As it appears on birth certificate)

Full Name of student _____
First Middle Last

Home Address: _____

Phone: _____
Not student cell, home phone

Date of Birth _____

Signature of Parent _____

A. Are the driving privileges for the person enrolling in this driver education program currently under suspension or revocation? Yes No

B. 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? Yes No

C. Parent's night is mandatory. If you are not at parent's night we will assume your child is not taking the class.

D. MHS Driver Education will adhere strictly to the alcohol and drug policy outlined in the student/parent handbook. In addition, if a student attends classroom or in-car lessons after school under the influence of drugs or alcohol, administrators or the police will be contacted and the student will immediately be dropped from the program.

*** This is very important!! If you don't feel that you can do this practice driving, please do NOT sign your son or daughter up for this class.**

The State of New Hampshire requires that all enrollees in a certified driver education program have an eye check before they get behind the wheel for the first time. This eye check is not in any way to be considered a thorough eye exam. That is not the intent. We want to make sure that all enrollees can pass the minimum visual acuity test when they go to the DMV to take their driving test. We have arranged for the school nurse to give a brief eye check to any student who wishes to enroll in driver education.

I, _____ have had an eyesight screening and

Student name

can read a series of letters or numbers and have minimum visual acuity of at least 20/40.

_____ In order to attain this acuity I must wear glasses or contacts.

check

Signed _____ Date _____

Health professional

