SUMMER Driver Education classes will be held on Tuesdays, Wednesdays, and Thursdays from 8:30 to 10:30 AM.

THERE WILL BE NO CLASSES DURING THE WEEK OF JULY 4<sup>TH</sup> (JULY 3, 4, & 5<sup>TH</sup>)

The first class on Monday, June 25th which is Parents' Night will be held at 6:30 PM.

The classes on Tuesday and Wednesday, June 26th & 27th will be from 2:30 to 4:30 PM. (The teachers are required to work regular school days thru June 27th.)

All classes will be held in the Lecture Hall.

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 <u>sixteen</u> classroom sessions from June 25<sup>th</sup> to August 7<sup>th</sup>. Students will also need <u>TEN</u> hours of behind the wheel training and <u>SIX</u> hours of observation.

Tuition for the class is \$650.00

You must turn 15 years & 9 months on or before June 25<sup>th</sup>.

(Born on or before 9/26/2002)

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.

p.1

#### 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 1<sup>st</sup> 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 Monday, June 25th at 6:30 pm in the Lecture Hall.

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_			
<b>.</b>			
Date:	<u> </u>	_	

#### Registration Form D.E. I 2018-19

The SUMMER session of Driver Education meets Tuesdays, Wednesdays, and Thursdays from 8:30 to 10:30 AM

#### THERE WILL BE NO CLASSROOM DURING THE WEEK OF JULY 4<sup>TH</sup> (JULY 3, 4, & 5<sup>TH</sup>)

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 \$600.00 (also in the form of a check made payable to *Milford School District D.E.*) will be due the day of the first class, June 25<sup>th</sup>. 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 Monday June 25<sup>th</sup> at 6:30 PM in the lecture hall.

### Please enclose copy of birth certificate.

Please print: (As it appears on birth certificate)

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

Full Name of stud	lent .			
1 411 1 141110 01 0100	First	Middle	Last	
Home Address: _				<u> </u>
Phone:HON	AE DIJONE			
HON	AE PHONE, N	lot student cell!		
Date of Birth	<del></del>	<del></del>		
	vileges for the person No	enrolling in this driver educati	on program currently unde	r suspension or
		erson enrolling in this driver ed ed in the future? Yes No	ducation program which co	uld cause the
C. Parent's night is ma	andatory. If you are n	ot at parent's night we will assi	ıme your child is not takin	g the class.
In addition, if a studer	it attends classroom o	tly to the alcohol and drug poli or in-car lessons after school un ed and the student will immedia	der the influence of drugs	or alcohol,
Signature of Parer	ıt		Date	
		don't feel that you can		ing . please
		er up for this class.		n. 4

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.

l,			have had	an eyesight screeni	ng and
	Studen	nt name			
can re 20/40		s of letters or numbers	and have mini	mum visual acuity o	of at least
check	_ In order t	to attain this acuity I mu	st wear glasse	s or contacts.	
	Signed	Health professional	Date	<del></del>	

# Milford High School Driver's Education Scholarship

For each of the Milford High School Driver Education programs offered, 1 (one) scholarship will be awarded to a student who applies and has demonstrated financial need.

In order to apply a student should demonstrate the following criteria to be considered:

- 1. Must be 17 years old
- 2. Carry a part time job
- 3. Must be passing classes at school
- 4. Must not be in trouble with school or the law
- 5. Must have a demonstrated financial need
- 6. Able to pay the \$50.00 deposit

Please complete the information below and return to the MHS Main Office with your Driver Education application.

Name: \_\_\_\_\_\_ Date: \_\_\_\_\_
Age: \_\_\_\_\_

Please write a brief statement as to why you would like to be considered for this scholarship: \_\_\_\_\_\_

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Student signature				
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Parent signature				