

RED HILL DRIVING SCHOOL LLC
PO BOX 825
CENTER HARBOR, NH 03226
603-253-7857

The Red Hill Driving School will be offering driver education at **INTER-LAKES HIGH SCHOOL**. The **SUMMER** format will **START ON SUNDAY 6/17/2018, 8-10 AM. THEN ON JULY 10TH THE CLASSES WILL MOVE TO TUESDAYS AND THURSDAYS SAME TIME.** Your instructors will be **Karel Crawford and Sherry Bates.**

The Program will consist of **30 hours** of classroom instruction, **10 hours** of “on the road” driving instruction and **6 hours** of road observation. The student will also need **40 hours** of additional practice time documented with a parent or legal guardian in order to receive a New Hampshire license (10 hours at night). **Parents must drive with their son/daughter after a driving lesson with instructor to reinforce the instruction that the student is receiving from the teacher. If this is not being done the student will find it difficult to progress in this program.** It is a state regulation that your child may not miss any classes unless it is for just cause i.e.: death in family, emergency illness (maximum 4 hours). **A note from the parents must be sent with the student for state files.** If this should occur they must leave this class and begin where they left off in the next driver education class that is offered. The student has 6 months (by state regulation) to complete the course, if not completed in 6 months they must take the complete course again with tuition costs. Students must be on time for class, tardiness will be counted as time missed and make-up work will be assigned at the instructor’s discretion. They are expected to take class notes, pass in all assigned work and attain a 75% average for the work assigned. Failure to pass the course means the student will take the course again at the parent’s expense.

All students are expected to exhibit cooperation, consideration and respect for their fellow classmates and instructors. We have a no tolerance policy; we will not accept rude or disruptive behavior or any violation of the school or State drug and alcohol rules and regulations. Any student who violates any of the aforementioned rules or displays and exhibits this type of behavior will be immediately dismissed without refund, and not allowed back into any future classes proved by Red Hill Driving School. If a student is suspended or absent from school he will not be allowed to attend driver education classes or drive on that day. We take driver education very seriously and we expect the students to also. DRIVING IS A PRIVILEGE NOT A RIGHT.

Proper care of the textbook loaned to you and other property and materials is expected. A fine for damage will be levied at the discretion of the instructor and the school administration.

An in-car lesson will be terminated at the discretion of the instructor any time a question of safety exists. Only a reasonable suspicion of alcohol, or other drug influence, is necessary to terminate the lesson.

The tuition is non-refundable once mailed with the application. If class or driving time is to be canceled by the instructor, notification to the student or the school will be done by phone. Because of the expense involved and rescheduling problems, it is imperative that the student be present for the road instruction appointments they have signed up for. If they cannot keep the appointment it is the students responsibility to find a replacement or a fine of \$45.00 for a one hour session and \$70.00 for a two hour driving session will be due before the next driving appointment is scheduled.

PARENT PERMISSION FORM

Please fill out the student's information and sign the permission slip below.

I _____ (student's signature) agree to the Red Hill Driving School policy as described and agree to abide by all the rules.

DATE OF BIRTH: _____

Student Name: *(as it appears on their birth certificate)

Physical Address: _____

Mailing Address: _____

E-MAIL ADDRESS: _____

Parent/Guardian: _____ Phone _____

Estimated driving time the student has had up to now: **(please answer)** _____

My son/daughter has my permission to be enrolled in this driver education program.

In the event that my son/daughter sustains any injury during his/her participation in this program, I hereby give my permission for him/her to receive emergency medical care as deemed necessary by medical personnel. I hold harmless and release from liability Inter-Lakes HS, Red Hill Driving School LLC and its employees.

I have read and agree to comply with the Driver Education Course guidelines.

SIGNATURE PARENT:

_____ **DATE** _____

Physician Name: _____ **Phone** _____

*****MUST BE ANSWERED AND INITIALED*** PER STATE REGULATION:**

1. Are the driving privileges for the person enrolling in this driver education program currently under suspension or revocation? Yes No (Initial) _____
2. Is there any pending action against the person enrolling in this driver education program that could cause the driving privileges to be suspended or revoked in the future? Yes No (Initial) _____

The cost of this course is **\$665.00**, please make check payable to: **RED HILL DRIVING SCHOOL** and mail with application to **PO Box 825, Center Harbor, NH 03226**

Students must be ***15 YEARS 9 MONTHS WHEN THE CLASS STARTS (16 ON OR BEFORE SEPTEMBER 17TH) CLASS ENDS 8/14/18**

The class will be filled on a first come first served basis.

