**2018/2019 APPLICATION Hulls Driving School**

(Please PRINT clearly the following information)

LEGAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Last First Middle Initial Birthday

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City Zip

M F (Circle One)

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

Age Grade High School

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL \_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I wish to make application to participate in the Hulls Driving School 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 $ 655.00…Non-Refundable Please make checks payable to “ Hulls Driving School .” (Please No Cash)

I understand that I am covered by insurance while driving in the education vehicles only, and that I am required to drive **at least 40** additional hours outside of class, 10 of which must be at night. with a parent / guardian or a licensed driver over the age of 25 with parental permission.

I understand that I must have and bring my assigned materials to every behind-the-wheel (BTW) lesson and to every Driver Education Class. To cancel a pre-arranged (BTW) lesson, I must notify the driver educator at least one day (24hrs) in advance.

If I do not bring necessary material, do not bring my required glasses/contacts, do not appear for a drive, or do not notify the instructor at least 24 hours in advance of a need to reschedule, that scheduled driving time may be applied to missing class time and there is a $50.00 NO-

SHOW fee.

No classroom instruction shall be missed during any course, except for good cause as determined by the instructor, including a death in the family or injury. Absences due to good cause shall not exceed 4 hours. Students will be given an assignment to make up the content of what they missed in class,

(f) All drivers’ schools shall maintain documentation showing good cause pursuant to (e) above in accordance with the requirements of Saf-C 3118.

(g) Any classroom session missed due to good cause pursuant to (e) above shall be made up with assignments equivalent to the missed lesson, at no additional cost to the student. The grade on any assignment that is made up shall be retained with the classroom records for that particular program.

I realize I must read and agree to comply with the requirements as stated on this application. If questions or concerns exist by student or parent, they must contact Mr. Hull at 603-536-4321/ 603-707-0942.

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

(Student Signature) (Parent / Guardian Signature)

**(OVER…to complete the confidential health information side)\**

**CONFIDENTIAL HEALTH INFORMATION**

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

PARENT OR GUARDIAN WORK 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.

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**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 challenges (including reading difficulties) which might hinder progress or limit participation in either the classroom or behind-the-wheel activities? Yes No

If “Yes,” explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**4.** Has your son or daughter been convicted of a Minor in Possession, a DUI, a DWI, or any other offense which would restrict their driving privilege? Yes No

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

**5.** Do you wish to schedule a conference with the driver educator? Yes No

I fully approve of my son / daughter enrolling in the HULLS DRIVING SCHOOL and will provide four hours of supervised behind-the-wheel to practice the maneuvers and concepts introduced in each hour of the programs behind the wheel of instruction. This totals 40 hours over the time of the course. I also agree to practice drive with my son/daughter on a regular basis throughout the course following the lessons within the Parent Guide supplied by the Instructor.

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

Parent or Guardian Signature Date

Rev 8-18