**Trinity High School Driver Education Program Application**

581 Bridge Street Manchester, NH

**Michael Healy, Teacher** (**603) 491-3251**

**Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Last First MI**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **City/Town State Zip**

**Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you wear glasses/contacts? \_\_\_\_Y\_\_\_\_N**

**Grade\_\_\_\_\_\_\_\_ Homeroom\_\_\_\_\_\_\_\_\_\_\_\_ Male\_\_\_\_\_\_ Female\_\_\_\_\_\_**

**Are you a Trinity Student? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_\*Non-students of Trinity, please register a week before start of course.**

**Please answer the following questions before proceeding:**

1. Are the driving privileges for the person enrolling in this driver education program currently under suspension? Yes\_\_\_\_\_ No\_\_\_\_\_

2. Is there any pending action against the person enrolling in this driver education program, which could cause driving privileges to be suspended/revoked in the future? Yes\_\_\_\_\_ No\_\_\_\_\_

**Check Preferences: FALL WINTER #1 WINTER #2 SPRING SUMMER**

Approximate start date **9/16/19 11/6/19 2/3/20 4/1/20 TBA**

Last scheduled class session **10/17/19 12/16/19 3/12/20 5/11/20**

**\*\*Students must be 15 years and 9 months of age, on or before the first regularly scheduled classroom session in order to enroll in this Driver’s Education class. A copy of the student’s birth certificate must accompany this application.**

I understand that all school rules and regulations are in effect at all times, both during classroom sessions and while driving in the road. Violation of said rules will result in the same disciplinary measures as would apply to any other class/school activities. The **privilege** of enrollment in the Trinity High School Driver Education Program may be revoked at any time if the student’s behavior reflects poorly on him/herself or the school. This program is conducted with the PRIDE, SPIRIT, and TRADITION of all activities at THS. By signing this statement I acknowledge that I have read and understand the information given above, and on the attached “relevant information” page. I agree to comply with all rules and regulations pertaining to participation in the Trinity High School Driver Training Program.

**Student’ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to participate in**

 **Parent/Guardian Student**

**the Trinity High School Driver Education Program. To the best of my knowledge, the above named student has no**

**physical, mental or other disabilities which would interfere with the operation of a motor vehicle.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Parent/Guardian Signature Date**

**Trinity High School Driver Education Program**

**Relevant Information**

603-491-3251

Dear Parents, Guardians and Students:

Welcome to the THS Driver Education Program! Through proper education we are striving to achieve the following:

1. To develop better defensive drivers.
2. Improve the behavior and performance of highway users.
3. Motivate continuing development of traffic related competencies.

An enrolled student is expected to be responsible enough to report for driving lessons and observation requirement at the designated time. Doing so will help ensure the least amount of scheduling conflicts for all concerned.

Classroom sessions are usually conducted at THS on Monday, Wednesday and Thursday afternoons from 2:40 to 4:40 PM, in Room 103. Driving lessons and observation requirements are done after school and on weekends to accommodate the student’s schedule.

**Age Requirement: *Students are eligible* *90 days from* *the start of the course***

The State of New Hampshire **requires:**

1. Thirty (30) hours of classroom instruction.
2. Six (6) hours of observation time.
3. Ten (10) hours of actual behind-the-wheel instruction in a dual controlled car.
4. Forty (40) hours of parental behind-the-wheel instruction.

Please understand that the ten-hour behind-the-wheel instruction is barely enough time to teach all the needed skills and maneuvers. These skills can only be developed through practice and experience with parental assistance in the family vehicle. **The importance of additional practice cannot be over emphasized!** It is essential to have the complete cooperation of both parents/guardians and students in order for the program to be successful. N.H. State Out-of-Class Log Sheet requires parents to certify 40 hours of driving practice, and submit the signed sheet to the State of NH on final test day. **Students/Parents hereby agree to immediately report suspended or revoked driving privileges to Trinity Administration during the time in which the student is enrolled in the driver education program.**

***The cost of the Driver Education Program is $600.00*** *Checks should be made payable to* ***Trinity High School*** *at your earliest possible convenience prior to issue of final certification documents. In the event of a course cancellation or student withdrawal for any reason, the amount of money refunded will be prorated on the basis of the portion of the course completed.*

**All students will be advised of the EXACT starting date of the class they have chosen.**

Thank you in advance, for your time and cooperation.

Sincerely,

Michael Healy, Teacher