



New American Driving School

17 Knight Street, Concord, NH 03301

Registration Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Number family members living at this address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If I am injured and unable to make my wishes known, I would like to receive appropriate emergency care and be transported to the nearest medical facility. In case of Emergency please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

Was the student born in the United States? Y N If no, Country of Birth: \_\_\_\_\_

Permanent Resident/Employment Authorization Card # \_\_\_\_\_

Do you receive state assistance? Y N If yes, Recipient Name: \_\_\_\_\_

Program Name: \_\_\_\_\_ Case #: \_\_\_\_\_

Are you under 18? Y N If yes,

Parent/Legal Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

This form must be signed by either by the adult student or the underage student's parent or guardian:

I certify (promise) that all information on this application is true and correct. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, I or my child may be denied entry into this program or that I may be required to pay back scholarship funds used to cover program costs before I or my child receives a completion certificate from this program.

Sign Here: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a photocopy of the student's Non-Driver's ID, Permanent Resident card or Employment Authorization card and turn it in with this registration form.

Driving class includes 32 hours of in-class instruction, 10 hours of in-car driving, and 6 hours of in-car observation. Classes take place on Monday & Wednesday nights from 6-8 pm.

I would like to register for the 2024 – 2025 Calendar:

CLASS SESSION 1 – Sept. 4 – October 30, 2024 CLASS SESSION 2 – Nov. 13, 2024 – Jan. 15, 2025

CLASS SESSION 3 – March 3 – April 23, 2025 CLASS SESSION 4 – May 5 – June 30, 2025

CLASS SESSION 5 – July 2 – Aug. 25, 2025

Full tuition payments must be paid to guarantee a space in your desired class session.

If there are no openings in your chosen class, you will be placed in in the next available class.

Your tuition payment is non-refundable. Checks should be made payable to Second Start.

Please write "Driving School" and the student's name on the memo line.

To be Completed by New American Driving School Staff

Tuition Cost \$ \_\_\_\_\_ PAID IN FULL Date: \_\_\_\_\_ Cash \$ \_\_\_\_\_ or Ck# \_\_\_\_\_ \$ \_\_\_\_\_

Copy of the student's Non-Driver's ID, Permanent Resident or Employment Authorization is attached.