



City Wide Driving School
913 Elm Street
Manchester, NH 03101
603-644-7337



REGISTRATION FORM

Date of class requested: _____
 (Available class dates & locations may be obtained online or by calling the above telephone number)

Legal Name (First, Middle, Last): _____ Date of Birth: _____
 Address: _____ City _____ State _____ Zip _____
 Home Phone: _____ Parent's Work/Cell Phone: (optional) _____
 Student's Cell Phone: _____ High School: _____

***New Hampshire- MUST be at least 15 years and 9 Months by the FIRST DAY of the class that they are enrolled in.**

Is the student currently under suspension or revocation of driving privileges? Yes No
 Are there any pending actions that could result in suspension or revocation of student's driving privileges? Yes No
 Do the parents & student agree to immediately notify me if there is such action during the class period? Yes No
 Does the student have any mental, physical or medical disability or specific learning style that the Driving School should be aware of? Yes No If yes, please describe: _____

Payment Information:

Payment: Deposit Paid in Full \$ _____ amount Paid.
 Method of Payment: Cash Check Money Order

Mail or drop off registration form and payment to:

City Wide Driving School
 913 Elm Street
 Manchester, NH 03101

I have read, understand, and agree to the State of NH Regulations and City Wide Driving School's rules and financial obligations as stated. As the below signed parent, I understand that I am hereby giving my permission for my son/daughter to attend and participate in this drivers education course. The total cost of the course is \$690.00. I have enclosed a copy of my student's birth certificate, **a nonrefundable/nontransferable registration/deposit of \$200**, is due to reserve your child's spot in the class and this completed and signed the registration form. Registration is on a first-come, first-serve basis. The remaining balance (unless you are using a pre-arranged payment plan that you've discussed with the owner) is due on or before the first night/day of class. If you need to cancel, please give a minimum one-week notice, and any amount (less the deposit) will be refunded. Once the course has begun parents, and students acknowledge that any more than 4 hours or 2 classes missed will result in student dismissal from class and no refund will be given. For any reason, the course is not completed within 6 months of the start date, including the 40 hours at home, no credit and/or refund will be given. Parents and students acknowledge that inappropriate behavior, determined by the instructor, shall not be tolerated and could result in student's dismissal from class and no refunds will be given.

Thank You for your consideration in my driving school.

Parent or Legal Guardian Name: (Please print) _____

Parent or Legal Guardian Signature: _____

Student's Full Legal Name: (Please Print) _____

Student's Signature: _____