

Charlee's Driving School

P.O. Box 564

New Boston NH 03070

603-487-5100

charleesdrivingschool@gmail.com

Applicant Name: _____

At a cost of **\$895.00** (non-refundable). To the best of my knowledge, the applicant does not have any disabilities (physical, mental) that would interfere with the safe operation of an automobile.

(Please select the location and class you are registering for, please note: Due to weather or unforeseen circumstances, **dates are projected, and all students will be notified promptly of any changes.**)

2025 Schedule

<p>New Boston Class Town White Buildings Tuesday and Wednesday 7 PM – 9PM</p> <p>January 7 – February 20 (The last week has 3 classes: Tue, Wed, and Thur.)</p> <p>March 4 – April 23 (No class March 11th)</p> <p>May 7 – June 25</p>	<p>Goffstown Class GHS Room 112 Tuesday and Wednesday 3 PM – 5 PM</p> <p>January 21 – March 19 (No class March 11th)</p> <p>March 26 – May 21 (No class April 29 & 30)</p> <p>May 28 – July 23 (Class time moves to 9-11 am on June 24th No class July 1 & 2)</p>
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I agree to attend all scheduled classes. I also know that I must be 15 years and 9 months on or before the first class. I will provide a **copy** of my birth certificate as proof of this.

Please do not send an original birth certificate.

- ❖ No student will be given a green slip (showing successful completion of Driver Education) who has not passed the course with a grade of 80% or higher, returned textbooks in good condition, completed and turned in all assigned classroom work and paid in full.
- ❖ I am aware that the driving instructor has the right to withhold a student's green slip if he/she feels more driving time is needed. Should the situation arise, the instructor will discuss this with the student and parents/guardians.
- ❖ I am aware that any student enrolled in a driver education program will be removed from the program if in possession of alcohol, cigarettes, vaping apparatus, or any illegal substance that violates any laws.
- ❖ **All checks must clear the bank before green slips are issued. This may take up to 10 (ten) business days. There is a \$50.00 charge for returned checks.**
- ❖ Driving lessons are scheduled in advance. The driving instructor will schedule time with each student. **If a student misses a driving lesson without 24 hr. notification, he/she will be required to pay a missed driving fee of \$50.00**

To the best of my knowledge, my son/daughter is not under any suspension or revocation which would prevent him/her from obtaining a license.

Signature of Parent / Guardian: _____

Signature of Student: _____

Parent's / Guardian Tel # _____ **this # will be called to confirm your application has been received.**

Parent's/ Guardian email address _____

Mail enrollment forms and a copy of the birth certificate along with a check for \$895 or a deposit of **\$300.00 (non-refundable)**. (Remaining balance is to be paid at the start of class. After the third class only cash, money order, or a bank check will be accepted.)

Please make checks payable to: **Charlee's Driving School**

This application and permission form will be accepted based on a first-come, first-serve basis and availability of driving times.

Explanation of Non-refundable deposit: Any money sent in with an application is considered refundable. If the student does not get issued a seat in the class, you have the option of signing up for another class or a refund of any money sent in is your choice. **Once a student is issued a seat, the deposit is then non-refundable. Once a student has been given a seat in a class, you cannot move to another session.**

Release, Waiver and Indemnification

The undersigned participant and his/her parent or legal guardian (if under the age of 18) does hereby execute this release, waiver and indemnification for him/herself and his/her heirs, successors, representatives, and assigns; and hereby agrees and represents as follows:

To release Charlee's Driving School, its members, employees, agents, representatives and those governmental agencies and other organizations affiliated with this course from any and all liability, loss, damage, costs, claims and/or causes of action, including but not limited to all bodily injuries and property damage arising out of participation in the driver education course referred to above, it being specifically understood that said program involves the operation and use by the undersigned participant and others of automobiles. The undersigned further agrees to indemnify Charlee's Driving School, its employees, members, agents, representatives and those governmental agencies and other organizations affiliated with this program, and hold them harmless for any liability, loss, damage, cost, claim, judgment, or settlement which may be brought or entered against them as a result of the undersigned's participation in said program. This indemnification shall include attorney's fees incurred in defending against any claim or judgment and incurred in negotiating any settlement. It is understood and agreed that the undersigned shall have the opportunity to consent to any such settlement, provided, however, that such consent shall not be unreasonably withheld.

Participant's Name: _____
(First) (Middle) (Last)

Address: _____
(Full Physical Address, No PO Boxes)

Parent / Guardian Signature: _____

Student Signature: _____

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DRIVER EDUCATION ENROLLMENT FORM

Full Legal Name: _____
(FIRST) (MUST BE FULL MIDDLE) (LAST)

Mailing address: _____
No PO Boxes (Street) (city, state) (zip code)

D.O.B: _____

Parent's / Guardian's Name: _____

Home Tel. # _____

Work Tel. # _____

Please provide telephone numbers to reach parent(s) NOT student

Mail ALL forms along with payment/deposit & a COPY of Birth Certificate to:

**Charlee's Driving
School PO Box 564
New Boston, NH 03070**