

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

New Boston Class
Town White Buildings
Tuesday and Wednesday
7 PM – 9PM

January 7 – February 20
(The last week has 3 classes: Tue, Wed, and Thur.)

March 5 – April 23

May 7 – June 25

July 9 - August 27

September 3 - October 22

October 28 - January 14
(No class November 11, 25, 26
December 16, 17, 23,24, 30,31)

Goffstown Class
GHS Room 112
Tuesday and Wednesday
3 PM – 5 PM

January 21 – March 19
(No class March 11th)

March 26 – May 21
(No class April 29 & 30)

May 28 – July 23
(Class time moves to 9-11 am on June 24th No
class July 1 & 2)

July 30 - September 17
(Class time starts 9-11am and moves to
3-5pm when school starts (TBD))

September 24 - November 19
(No class November 4 & 11)

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 before or at the first class. Once a student attends the first class, they will be on the state enrollee report and balances are due.)

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.**

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New Boston, NH 03070
(603) 487-5100
charleesdrivingschool@gmail.com New Boston

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**