RED HILL DRIVING SCHOOL, LLC PO BOX 825 CENTER HARBOR, NH 03226 603-253-7857

The Red Hill Driving School will be offering driver education at **Plymouth High School**. The **WINTER** program will start on **DECEMBER 2, 2024**. **Classes will be on MONDAY AND WEDNESDAY EVENINGS 5-7 PM** The instructor will be **Karel Crawford**.

The Program will consist of **30 hours** of classroom instruction, **10 hours** of "on the road" driving instruction and **6 hours** of road observation. The student will also need **40 hours** of additional practice time documented with a parent, legal guardian, or adult 25 years or older to receive a NH license (10 of the 40 at night). **Parents please; you must drive with your son/daughter after a driving lesson with the instructor to reinforce what the instructor is teaching. If not, it is difficult for the student to progress in this program. It is a state regulation that your child may not miss more than <u>4 hours</u> of classroom time. If absent a note from the parents must be sent in with the student for state files. If they exceed the <u>4 hours</u>, they must leave this class and begin where they left off in the next driver education class. The student has 6 months by state regulation to complete the course, if not completed in 6 months the student must take the complete course again with tuition costs. Students must be on time for class, tardiness will be counted as time missed and make-up work will be assigned at the instructor's discretion. Students are expected to pass in all assigned work and maintain a 75% average for the work assigned. Failure to pass the course means the student will take the course again at the parent's expense.**

All students are expected to exhibit cooperation, consideration and respect for their fellow classmates, and instructor. We have a no tolerance policy; we will not accept rude or disruptive behavior or any violation of the school or state drug and alcohol rules and regulations. Any student who violates any of the aforementioned rules or displays and exhibits this type of behavior will be immediately dismissed without refund, and not allowed back into any future classes of Red Hill Driving School. If a student is suspended or absent from school, he will not be allowed to attend driver education classes or drive on that day. We take driver education very seriously and we expect the students to also. <u>DRIVING IS A PRIVILAGE NOT A RIGHT.</u>

Proper care of the textbook loaned to you and other property and materials is expected. A fine for damage will be levied at the discretion of the instructor and school administration.

An in-car lesson will be terminated at the discretion of the instructor any time a question of safety exists. Only a reasonable suspicion of alcohol, or drug influence is necessary to terminate the lesson, parents will be notified immediately.

If the instructor cancels the lesson, notification to the student or the school will be done by phone. Because of the expense involved and rescheduling problems, it is imperative that the student be present for the road instruction appointments. If a student does not show up for the lesson a fine of \$40.00 (instructors time) will be imposed to that student. The absent student's drive time will be rescheduled after the fine is paid.

PARENT PERMISSION FORM

	TUDENTS SIGNATURE) agree to the Red Hill
Driving School policy as described an	d agree to abide by all the rules.
DATE OF DIDTH	
DATE OF BIRTH	
STUDENTS NAME:	
Dhyraigal Addwara.	
Physical Address:	
Mailing Address:	
Email Address:	
PHONE:	CELL:
***ESTIMATED DRIVING TIME BY STI	UDENT TO DATE:(must answer)
LSTIMATED DRIVING TIME DI STO	DENT TO DATE: MIGST GROWER
My son/daughter has my permission	to be enrolled in this driver education program.
	stains any injury during his/her participation in
	ission for him/her to receive emergency medical
	l personnel. I hold harmless and release from
	Iill Driving School and its employees.
I have read and agree to comply with	the Driver Education Course Guidelines.
PARENT'S	
SIGNATURE:	DATE:
Please print Name:	
Physician Name:	
	Phone:
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