

# **Achieve Driving School LLC**

**(603) 772-2620**



## **Dear Parents /Guardian:**

*Thank you for choosing Achieve Driving School of Exeter, New Hampshire. The State of New Hampshire requires that all students under the age of 18 have at least 40 hours of driving including at least 10 of the 40 hours of driving at night practice with a parent/guardian or licensed driver over 25 years old.. This may begin as soon as the student turns 15 ½ years old. We realize this can be stressful and would like to provide you with some helpful information to use when practice driving with the student, as well as some safety tips and guidelines. It is recommended that practice driving should be completed during the program so the student can practice the skills being taught in the car by us.*

*In order to meet these needs, a parent or guardian is required to attend the first class. Parental involvement is vital for new drivers to become responsible, safe and confident. It will provide an opportunity to review current laws, answer questions and share with you some of the features of this spectacular program.*

*Please read all forms carefully. As explained on the consent forms it is necessary to be notified of any disability, physical or mental, that would affect the ability to drive, observe or participate in class. In the event that the disability is too severe to obtain a doctor's note stating the individual is safe to be on the road, they will be removed from the program. If the disability was withheld from Achieve Driving School, there will be no refund.*

*A \$250. Deposit is Required To Register For The Class And The Balance Will Be Due By The End of The 1st week. **\*\* Please Note - A Late Charge of \$25.00 Per Week Will be Added to Any Class That Isn't Paid In Full By The Last Week of The Class.***

***The following items must be received in order to reserve a seat. Please send in as soon as possible as classes fill up quickly:***

- 1 – Check for \$250 made out to Achieve Driving School.*
- 2 – A copy of student's original Birth Certificate.*
- 3 – Consent forms signed by both student and parent/guardian.*
- 4 – Driver Education policies signed by both the student and parent/guardian.*
- 5 – Completed history form signed by both the student and parent/guardian.*
- 6 - Balance due by the end of the first week..*
- 7 – The State of NH Requirement is that the student needs to be at least 15 years 9 months to the day when the program starts or 16 years by the end of the program.*

***Please bring the following items with you to the first night of class:***

- 1 – Check for the remaining balance made out to Achieve Driving School.*
- 2 – Glasses, if you wear them to drive.*
- 3 – Notebook, highlighter, pen*

***Please call Achieve Driving School (603) 772-2620 if you have any questions or need further information. I look forward to meeting you and providing quality education for this valuable skill.***

**Achieve Driving School LLC**  
**(603) 772-2620**  
**Consent for Driver Education**



*I hereby request and authorize Achieve Driving School, LLC, to provide training and education which includes 30 hours of classroom instruction, 10 hours of behind the wheel training and 6 hours of in car observation.*

*I understand that driving a motor vehicle on public roads is a privilege granted me by the State Department of Safety and Motor Vehicles. I understand that safely driving a motor vehicle requires good physical control of the vehicle as well as good visual, perceptual and cognitive skills by the driver. I am voluntarily submitting to driver education through Achieve Driving School to assist in reaching my goal of obtaining a NH driver's license.*

*I understand that no guarantees have been made to me by Achieve Driving School to ensure successful completion of any driving tests given by the State of New Hampshire. I am aware that operating a motor vehicle and participating in the driver education course, may involve risk of injury, or even death. I acknowledge that no guarantees have been made to me regarding the results of the driver education course by Achieve Driving School, LLC.*

*I understand that those who attend Achieve Driving School program are also students of the program who may be involved in educational or training functions, and I consent to their participation in this process. I also consent to the use of videos, videotaping, and/or photographs for legal and instructional use.*

*I understand that I am responsible for payment of entire tuition arising from my driver education and training with Achieve Driving School.*

*I release and hold harmless Achieve Driving School, LLC, its officers, agents, managers and employees from any claims of any nature arising out of my participation in the driver education course. I further understand that operating a motor vehicle always is a risk and that successful completion of the driver education course and any recommendations made to me does not ensure my safety while driving in the future.*

*I understand that Achieve Driving School is not responsible for any property of valuables that I may have while attending class at the facility or in the car.*

***I have been advised to read this form carefully and I understand what it means. I have had an opportunity to ask questions about this form and they have been answered to my satisfaction. I am signing of my own free will.***

***Student Name:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

***Parent/Legal Guardian:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

**Achieve Driving School LLC**  
**(603) 772-2620**  
**Recent History Form**



*Failure to provide accurate information may delay medical treatment in the event of an emergency. Failure to provide accurate information regarding any disabilities, whether physical or mental, that could affect the ability to drive, observe or participate in class will result in termination with no refund.*

**Student information:**

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Date of class you are registered for \_\_\_\_\_

What high school do you attend \_\_\_\_\_

**Parent/Legal Guardian Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

**Emergency Contact Information:**

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

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

**Medical History: (Please describe ANY problems that could affect their driving ability)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a seizure \_\_\_\_\_ If yes, when was the last occurrence? \_\_\_\_\_

List ANY current medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe ANY medication side effects: \_\_\_\_\_

Describe ANY allergies: \_\_\_\_\_

\_\_\_\_\_

**Achieve Driving School LLC**  
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**Recent History Form**



**Driving History:**

Have you ever taken driver education before? \_\_\_\_\_ If YES, when? \_\_\_\_\_

Where? \_\_\_\_\_

Why was completion not successful? \_\_\_\_\_

Have you ever practiced driving? \_\_\_\_\_

If Yes, What type of environment (s)? \_\_\_\_\_

How many hours of drive time do you have? \_\_\_\_\_

Who will you be practicing driving with? \_\_\_\_\_

What type of vehicle will you be practicing in? \_\_\_\_\_

Is the vehicle a standard or automatic? \_\_\_\_\_

Has your privilege to operate a motor vehicle been suspended or revoked in any state? \_\_\_\_\_

Is there any pending action against you which would cause the driving privileges to be suspended or revoked in the future? \_\_\_\_\_

**Should my driving privileges be suspended or revoked during enrollment for any reason, I will report it to the driving instructor immediately. (Please Initial) \_\_\_\_\_**

**I have completed the driver evaluation history form fully and to the best of my abilities. I have provided Achieve Driving School with complete and accurate information. All the information provided is factual.**

**Student: \_\_\_\_\_ Date: \_\_\_\_\_**

**Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_**

**Achieve Driving School LLC**  
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**Policies Form**



***Failure to provide accurate information may delay medical treatment in the event of an emergency. Failure to provide accurate information regarding any disabilities, whether physical or mental, that could affect the ability to drive, observe or participate in class will result in termination with no refund.***

***Student information:***

***All students must turn 16 years old by the date of the last scheduled class.***

***Students whose privilege to operate a motor vehicle is suspended or revoked in any state shall not be permitted to take the course.***

***Tuition will **only** be refunded if the student determines that they do not want to continue the course **by the end of the first scheduled classroom session.** Refunds will not be given at any other time.***

***A “returned” check or “insufficient funds” fee of \$60 is required for each returned check. Attendance in the class and in car lessons will be suspended until paid in full.***

***Attendance at all classes is extremely important and any absences are discouraged. To pass this course, the State of New Hampshire requires that students must not miss more than 4 hours of classroom time. The instructor must approve all absences and ‘make up’ assignments are required for all missed classroom time. If you miss more than 4 hours of class you will need to retake the entire course at your own expense. You must be on time for class and stay for the entire class. Tardiness is documented and accrued. Make up assignments will be given.***

***No scheduled breaks will be given during the scheduled classroom time. Food and drinks are NOT allowed during class.***

***Achieve Driving School supports a non-smoking environment. It is illegal for anyone under the age of 18 to be smoking and if caught smoking on school grounds you will be removed from the program with no refund. Achieve Driving School does not tolerate substance abuse of any kind – controlled substances, alcohol and misuse of prescription medication – will result in removal of the program with no refund. Saf 3117.02 states the director shall revoke the license of any driver education student upon receipt of information from the driver education teacher that the student has:***

***Attended any driver education classes or related training under the influence of or in possession of an alcoholic beverage; or***

***Attended any driver education classes or related training under the influence of or possession of a controlled drug or a controlled drug analog.***

***No fighting, swearing, disruptive behavior or harassment of other students will be tolerated during classroom or driving times, or at any time .***

***We have specific routes designed to build skills in a progressive manner which require we start and end from a central location***

***Achieve Driving School LLC***  
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***Policies Form***



**If you do not show up for a scheduled driving time, you will be charged a \$50 “NO SHOW” fee and no further driving times will be scheduled until this fee is paid.** If you can not make your driving or observation time you **MUST** give a 24 hour notice in order to avoid the no show fee.

**Payment is due in full by the first night of class.**

A certificate of completion will be issued at the end of class only if the following requirements have been met:

The student completes all required classroom hours (30 hrs) with a **grade of 80 or better.**

The student completes 10 hours of behind the wheel training.

The student completes 6 hours of in-car observation.

**I have been advised to read this form carefully and I understand what it means. I have had an opportunity to ask questions about this form and they have been answered to my satisfaction. I am signing of my own free will.**

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**Student Date Parent/Legal Guardian Date**

