APPLICATION TO: R & R Driving School, L.L.C. / Hanover High School

(Please **PRINT** clearly the following information)

LEGAL NA				T	3.5	111 7 111	//		
Last ADDRESS:				First	Mie	ddle Initial	tial Birthdate		
ADDRESS.	House #	Street		Ci	ity	Zip	County		
Circle One:	M F					PARENTS:			
		Age	Grade	High S	School	NAMES			
STUDENT	PHONE:								
НОМЕ РНО	ONE:		PARE	NT CELL: _		E-MAIL	.:		
am willing It is further or before so make chec	to give the understoo econd class ks payable	e necessar od that w s session e to <u>"R a</u>	ry time and e e have made at Hanover I & R Driving	ffort in ord a payment High Schoo g School, L	er to fulf of \$1,00 l less a \$ L.C. or	ill the requireme 00.00 <u>refundabl</u> 200.00 non refu <u>Ronald Hill.</u> "	Education Program. Ints of this course. It is only if I withdraw or indable deposit. Please Refunds will NOT be		
granted for any reason.		<u>g" the cla</u>	ss after the i	nitial 4 hou	rs, suspe	ension, expulsion	, or failing the class for		
required to	drive at le	ast 4 add	litional hours	outside of	class for		icles only, and that I an cation behind the whee hal vehicle.		
or my re prearrang I do not b	equired ged (BTW) ring necestours in ad	lasses/co lesson, l ssary ma	ntacts, to I must notify aterial, do n	every beh y the instru ot appear	ind-the- ictor at l for a dr	wheel (BTW) least one day (24 ive, or do not n	g the proper footwear lesson. To cancel a 4hours) in advance. I notify the instructor a cellation fee before the		
L.L.C. Stude read the hard format, the	dent / Pare indbook ar class exp	nt Handb d then b ectations	book, which cooks ecome family, the grading	can be foun iar with the policies,	d online publicathe atten	at our website. I tion including th dance / tardiness	e R & R Driving Schoot is my responsibility to the classroom instructions regulations, and classing them to the Paren		
	Student Si	gnature)		_	(Pa	rent / Guardian S	Signature)		

(OVER...to complete the confidential health information side)

R & R Driving School, L.L.C. / Hanover High School CONFIDENTIAL HEALTH INFORMATION

PARENT OR GUARDIA	AN NAME	L:										
PARENT OR GUARDIA	AN WORK	TELEPHON	E#									
1. Please circle below a	Please circle below any physical or medical limitations that your teenager may have:											
Hearing Problems	Yes	No	Rheumatic Fever	Yes	No							
Vision Problems	Yes	No	Epilepsy	Yes	No							
Diabetes	Yes	No	Fainting Spells	Yes	No							
Heart Trouble	Yes	No	Paralysis	Yes	No							
Orthopedic Problems	Yes	No	Cerebral Palsy	Yes	No							
Chronic Illness	Yes	No	Asthma	Yes	No							
Seizure Disorder	Yes	No										
Other Special Needs Please describe any	` ,											
2. Is your son or daught	er taking a	any medication	regularly? Yes No									
which might hinder p	Does your son or daughter have any specific learning disabilities (including reading difficulties) which might hinder progress or limit participation in either the classroom or behind-the-wheel activities? Yes No											
If "Yes," explain:												
4. Has your son or daug offense which would			Minor in Possession, a DUI, a vilege? Yes No	DWI, o	or any other							
If "Yes," explain:												
5. Do you wish to scheo	dule a conf	erence with th	e Driver Education instructor?		Yes No							
School Driver Educatio	n Progran	n and will propts introduced	n the R & R Driving School ovide four hours of supervised in each hour of the program the course.	ed behir	nd-the-wheel to							
Parent or Guardian	Signature	<u> </u>	Date									