

APPLICATION TO: **R&R Driving School, L.L.C.**

Driver Education Lancaster

(Please PRINT clearly the following information)

LEGAL NAME: _____ / /
Last First Middle Initial Birthday

ADDRESS: _____
(Must be legal not P.O. box) Street City Zip County

M F (Circle One) _____ PARENT: _____
Age Grade High School

STUDENT PHONE: _____ E-MAIL: _____

PARENT HOME PHONE: _____ CELL: _____ E-MAIL: _____

I wish to make application to participate in the RandR Driving School. I am willing to give the necessary time and effort in order to fulfill the requirements of this course.

It is further understood that it is necessary to pay \$475.00...refundable only if I withdraw on or before the second class session minus the \$75 non-refundable deposit. Please make checks payable to “Ronald Hill or RandR Driving School llc.” Refunds will NOT be granted for “dropping” the class after the initial 4 hours, suspension, expulsion, or failing the class for any reason.

I understand that I am covered by insurance while driving in the education vehicles only, and that I am required to drive at least 4 additional hours outside of class for each driver education behind the wheel lesson hour with a parent / guardian who has insurance coverage on their personal vehicle.

I understand that I must have and bring my assigned materials to every behind-the-wheel (BTW) lesson. To cancel a pre-arranged (BTW) lesson, I must notify the instructor at least one day (24hrs) in advance. If I do not bring necessary material, do not bring my required glasses/contacts, do not appear for a drive, or do not notify the instructor at least 24 hours in advance of a need to reschedule, I will pay a \$30.00 cancellation fee before the next drive.

I realize I must read and agree to comply with the requirements as stated in the RandR Driving School Student / Parent Handbook. The handbook will be handed out before the first class. It is your responsibility to read the handbook within two days of receiving the copy and then become familiar with the publication including the classroom instruction format, the class expectations, the grading policies, the attendance / tardiness regulations, and class requirements. If questions or concerns exist by student or parent, they must contact the instructor within the first week.

(Student Signature)

(Parent / Guardian Signature)

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

R&R Driving School, L.L.C.

CONFIDENTIAL HEALTH INFORMATION

PARENT OR GUARDIAN NAME: _____

PARENT OR GUARDIAN WORK TELEPHONE # _____

1. 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

Other Special Needs: (describe)

Please describe any "YES" answer in detail.

2. Is your son or daughter taking any medication regularly? Yes No

If "Yes," please list medicine: _____

Describe any side effects: _____

3. 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 daughter been convicted of a Minor in Possession, a DUI, a DWI, or any other offense which would restrict their driving privilege? Yes No

If "Yes," explain: _____

5. Do you wish to schedule a conference with the Driver Ed Instructor? Yes No

I fully approve of my son / daughter enrolling in the RandR Driving School's Traffic Safety Program and will provide four hours of supervised behind-the-wheel to practice the maneuvers and concepts introduced in each hour of the programs behind the wheel of instruction. This totals 40 hours over the time of the course.

Parent or Guardian Signature

Date