

Student Name (Last, First) \_\_\_\_\_

**Best Price Driving School Registration**  
**56-hour program**

**Starting Date:** \_\_\_\_\_ **(month/day)** **Session Time:** \_\_\_\_\_

\*Students and Guardian initial each statement and then sign\*

\_\_\_\_\_ I understand and agree that my student(s) is 15 years of age and a New Mexico Resident.

\_\_\_\_\_ I understand that 56 hours of class time are required for completion of the full driver's education course.

\_\_\_\_\_ I understand that all cancellations/rescheduling of driving lessons, must be made 24 hours prior to lesson time.

\_\_\_\_\_ Each behind-the-wheel lesson that is missed is considered a no call/no show. \$50 cancellation fee will be charged to your account. Any fees accrued will need to be paid by the next scheduled lesson.

\_\_\_\_\_ I understand that my student must attend all assigned classroom instructional times

\_\_\_\_\_ I understand that there are no refunds after the 3rd day of class has been completed.

\_\_\_\_\_ I understand that students will have permits on their person for ALL driving lessons.

\_\_\_\_\_ I understand that I will be charged a cancellation fee if I do not have their permit at the time of the scheduled driving lesson.

**\*By signing you agree to enroll and participate in Best Price Driving School educational program and follow all licensing requirements.**

General Fees: \$300 for Drivers Ed package. Includes: 56 hours of classroom instruction, 1 referral card, 1 certificate of completion. Replacement certificates are \$30 each. No show/late cancellation (within 24 hours of appointment time) you will be charged \$30 for each appointment missed. Additional driving lessons are \$60 per hour. MVD knowledge exam and MVD skills exam are included. Retakes on all exams are at an additional cost.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Registration Information**

Student Legal Name: \_\_\_\_\_

Students Date of birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone number (Guardian): \_\_\_\_\_

Address: Street, City, State, Zip Code: \_\_\_\_\_

Best Price Driving School – 2023

Student Name (Last, First) \_\_\_\_\_

Student Health form: Confidential Health Information

Do you currently wear corrective lenses? Yes  No  Contacts  Glasses

Please circle below any physical and/or medical limitations your student may have.

Hearing problems	Yes <input type="checkbox"/> No <input type="checkbox"/>	Rheumatic Fever	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vision Problems	Yes <input type="checkbox"/> No <input type="checkbox"/>	Epilepsy	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fainting Spells	Yes <input type="checkbox"/> No <input type="checkbox"/>
Heart Trouble	Yes <input type="checkbox"/> No <input type="checkbox"/>	Paralysis	Yes <input type="checkbox"/> No <input type="checkbox"/>
Orthopedic Problems	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cerebral Palsy	Yes <input type="checkbox"/> No <input type="checkbox"/>
Allergic Reactions	Yes <input type="checkbox"/> No <input type="checkbox"/>	Asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>
Chronic Illness	Yes <input type="checkbox"/> No <input type="checkbox"/>	Covid-19 (last 2 weeks)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (describe):			
Medications taken regularly?	Medication	Side effects	
Any specific learning needs? (i.e. dyslexia, ADD, color blindness)			

Best Price Driving School – January 2023