

Student Legal Name: (Last, First) _____

Best Price Driving School Registration Form

Starting Date: _____ (month/day) **Session Time:** _____

Students and Guardian initial each statement and then sign

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

_____ I understand that 30 hours of class time and 7 hours of behind-the-wheel driving lessons are required for completion of the program.

_____ I understand that all cancellations/rescheduling must be made 24 hours prior to lesson time. Each lesson that is missed is considered a no call/ no show. \$30 cancellation fee will be charged to your account. Any fees accrued will need to be paid by the next schedule 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.

_____ I understand that the student is required to complete the course and all 7 hours of driving lessons within 1 calendar year.

General Fees: \$340 for Drivers Ed package. Includes: 30 hours of classroom instruction, 7 driving lessons, 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. At no additional cost 1 MVD knowledge exam and 1 MVD skills exam are included. Retakes on all exams are at an additional cost.

By signing you signing this form you are agreeing to all terms and conditions above. By signing this form, you are agreeing to enroll and participate in Best Price Driving School educational program and follow all licensing requirements.

Student Signature : _____ Date _____

Parent Signature : _____ Date _____

Registration Information:

Student **Legal** Name: _____

Students Date of birth: _____ Phone number(Guardian): _____

Parent/Guardian Name: _____

Address: Street, City, State, Zip Code: _____

Student Legal Name: (Last, First) _____

Student Health form: Confidential Health Information Please check below any physical and/or medical limitations your student may have.

Do you currently wear corrective lenses?	Yes <input type="checkbox"/> No <input type="checkbox"/> If so: Contacts <input type="checkbox"/> Glasses <input type="checkbox"/> Color blindness <input type="checkbox"/>
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 Yes <input type="checkbox"/> No <input type="checkbox"/>	Cerebral Palsy Yes <input type="checkbox"/> No <input type="checkbox"/>
Allergies Yes <input type="checkbox"/> No <input type="checkbox"/> If so: _____	Asthma Yes <input type="checkbox"/> No <input type="checkbox"/> Inhaler 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"/>
Medications taken regularly? Medication Side effects: (If any)	Learning specifics needs (Dyslexia, ADD, ADHD, Color blindness) Yes <input type="checkbox"/> No <input type="checkbox"/>

School Use Only (EFFECTIVE JULY 1, 2022)

Start Date: / / <input type="checkbox"/> 37 Hour Program <input type="checkbox"/> 56 Hour Program	Payment Record (\$) Contacts Dates/ Other Info \$ Date: //
Permit Number: Completion Date / /	\$ Date: //
Certificate of Completion # Issue Date	\$ Date: //
Written Score Road Exam Score	