



45 Padanaram Road
 Danbury, CT 06811
 Ph 203-792-1333/Fax 203-792-1332
 www.ThayerDriverEd.com
 NFHS - Classroom #201

New Fairfield - Fall 2017

Fees: Option 1	Full Program: Eight (8) one-hour lessons by appointment and 30 hours Classroom time	\$ 595.00
Option 2	Full Program: Ten (10) one-hour lessons by appointment and 30 hours Classroom time	\$ 700.00
Optional – Additional services available:		
	Each additional hour driving:	\$ 65.00
	Off-site test processing fee	\$ 50.00

DMV now requires 40 hrs of on road training between parents/driving school

Return Registration Form & Check made payable to: Herzog Thayer Driver Education Center -
 Mail to our Danbury office @the address above. **DO NOT RETURN TO NFHS**

Visit our website at www.ThayerDriverEd.com

ALL CLASSES AND DRIVING HOURS MUST BE COMPLETED WITHIN ONE YEAR OF REGISTRATION

Classes will be held in Room #201 @NFHS on Monday, Tuesday, and Wednesday from 6:00PM-8:00PM
 Afternoon classes are available at our Danbury office. Please call for starting dates.

October 17, 2017 6:00PM-8:00PM

NAME: _____ DATE OF BIRTH: _____

STREET: _____ CITY: _____ ZIP CODE: _____

PHONE NUMBER: _____ HIGH SCHOOL: NEW FAIRFIELD HIGH SCHOOL

CELL PHONE: _____ E-MAIL: _____

PERMIT # _____ PERMIT DATE: _____

REMINDER: A deposit of at least \$300 is due at time of Registration	FEES	PAID
Option 1: Class & 8 Driving hours:	\$595.00	<input type="checkbox"/>
Option 2: Class & 10 driving hours	\$700.00	<input type="checkbox"/>
Off-site test processing fee	\$ 50.00	<input type="checkbox"/>
_____ Optional additional driving hours @ \$65 per hour:	\$	<input type="checkbox"/>
TOTAL PAID:		

CASH CHECK CREDITCARD DEBITCARD ACCOUNT #: _____ EXP: _____

NO REFUNDS WILL BE GIVEN AFTER THE START OF CLASSES/ Balance MUST be PAID by the end of the classroom portion of the Program.

THAYER DRIVER EDUCATION CENTER

www.ThayerDriverEd.com
Phone 792-1333/Fax 792-1332

PARENT AGREEMENT

This health information must be returned before the student has his/her first driving hour.

I give permission for (Student's name) _____
to take Driver Education classes. I understand that all scheduled driving times must be kept and that failure to keep a scheduled appointment without 24 hours advance notification will result in a charge of \$35.00 per hour. Also, I understand that if my child shows up for a scheduled appointment and does not have their Learner's Permit with them I will also be charged a fee of \$35.00 and my child will not be able to drive. In addition, I understand that all classes and driving hours must be completed within one year of registration or 3 months for Drug and Alcohol Program.

My Child has my permission to drive in a vehicle with another Student. Yes No
Please Initial your answer _____

_____ Signature (Parent/Legal Guardian)	_____ Telephone Number	_____ Date
_____ Print Name	_____ Relationship	

1) Please check below any handicaps or limitations that the student may have:

Serious illness	<input type="checkbox"/>	Heart condition/murmur	<input type="checkbox"/>
Hearing problems	<input type="checkbox"/>	Rheumatic fever	<input type="checkbox"/>
Vision problems	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Fainting	<input type="checkbox"/>
Handicapped	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>

If you have checked "Yes" to any of the above, please explain:

2) Does the student take any medication regularly? Yes No

If yes, what is it? _____

EMERGENCY CONTACT: _____ PHONE # _____