



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

## NEW FAIRFIELD SPRING 2017

<b>Fees: Option 1</b>	Full Program: Eight (8) one-hour lessons by appointment and 30 hours Classroom time	\$ 595.00
<b>Option 2</b>	Full Program: Ten (10) one-hour lessons by appointment and 30 hours Classroom time	\$ 700.00
<b>Optional – Additional services available:</b>		
	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:** Thayer Driver Education Center - Mail to our Danbury office @the address above. **DO NOT RETURN TO NFHS**

Visit our website at [www.ThayerDriverEd.com](http://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.

April 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: \_\_\_\_\_

<b>REMINDER: A deposit of at least \$300 is due at time of Registration</b>	<b>FEES</b>	<b>PAID</b>
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"/>
<b>TOTAL PAID:</b>		

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 # \_\_\_\_\_