



992 High Ridge Road
Stamford, CT 06905
(203) 329-3030
Fax (203) 322-1981
HighRidgeDrivingSchool.com

Student Application Form

Enrolling in Evening Session (Mon-Thur, 6p-8:10p)

Student's Legal First Name and Last Name _____ Date _____

Address _____ Town, Zip Code _____

Landmarks or other identifying factors helpful to finding your home for pick ups _____

Do you wear glasses or contacts? YES NO _____ Date of Birth (mm/dd/yy) _____

Parent's Home Phone # _____ Student's Home Phone # (if different) _____

Any Additional Phone # _____ Student's Cell Phone # _____

High School Attending _____ Grade (Fr, So, Jr, Sr) _____

Student's Email Address (Your address will not be given out; it will be used for communication in the event of a class cancellation or if any changes in the class schedule should occur) _____

9-Digit Permit # (not necessary to enroll—necessary for behind-the-wheel training) _____ Original Issue Date on Permit _____

Is there anything we should know about this student? (i.e. learning disabilities, etc.) _____

POLICIES AND PROCEDURES:

Classroom instruction is held at our office at 992 High Ridge Road on the 3rd floor. Evening classes are held Monday through Thursday, 6PM-8:10PM. You may not leave the building and re-enter during class. A 10-minute break inside the facility will be provided for students. All students are provided with a workbook and textbook.

Driving instruction is available seven days a week by appointment only (scheduled in advance). To be assigned to a driver you must do so on our website, visit the Teen Home Page.

Tuition is \$725.00. This includes 30 hours of classroom and 8 hours of driving instruction. The 30 hours of class will include the 8 hours of Drug and Alcohol-Safe Driving Practices, which is mandated by the state of Connecticut. Tuition does not include off-site motor vehicle license testing, which is offered through High Ridge Driving School at an additional cost. Additional driving hours may be purchased at the rate of \$70.00 per hour.

Please give at least 24 hours notice if any changes or cancellations of a driving lesson is necessary. A \$70.00 fee will be charged for missed lessons at HRDS' discretion. Exceptions will be made for medical emergencies or serious family complications only. Student must have their permit in their possession to take a lesson. A student without their permit will not be able to take their lesson plus you will be charged \$25.00 to reschedule the lesson.

Driving instruction is highly regulated by the State of Connecticut and should be taken seriously. Therefore, disruptive behavior and/or property damage will not be tolerated. If any disruption or damage occurs, it will result in expulsion from the driving school and no refunds will be granted.

I hereby grant my permission for the below named student to take 30 hours of classroom instruction (including 8 hours of safe driving and drug and alcohol awareness) and 8 hours of behind-the-wheel scheduled practices with an instructor. I have read, understand, and agree with the above. No Refunds. Returned check fee is \$25.

Important: Regarding off-site testing at HRDS: It is solely the responsibility of the student to sign up for off site testing (done on our website). We cannot guarantee the availability of any specific off-site test date.

Due to state DMV statutes, 2 hours of classroom instruction must be completed during each session. Therefore, lateness cannot be tolerated. **Our door will be locked 5 minutes after the time class is scheduled to begin**, after which time no student will be admitted.

Parent/Guardian Initials _____

Student's Name: _____

Signature of Student: _____

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Parent's Driver's License # (last 4 digits): _____

Where did you hear about the High Ridge Driving School?

If you were referred to us, by whom?

What made you choose the High Ridge Driving School?

EMERGENCY CONTACT INFORMATION

MOTHER'S Last Name, First Name

FATHER'S Last Name, First Name

Occupation/Place of Employment

Occupation/Place of Employment

Work Address

Work Address

Work Phone #

Work Phone #

Cell Phone #

Cell Phone #

Email Address

Email Address

Student's Place of Employment (if any)

Student's Work Phone # (if any)

OFFICE USE ONLY

Date Paid

Amount Paid

Check #, CC #, or Cash

School Official