



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

Teen Drug & Alcohol Enrollment Form (under 18)

Student's Last Name, First Name, Middle Name _____ Date _____

Address, Town, Zip Code _____

Home Phone # _____

Cell Phone # _____

Date of Birth (mm/dd/yy) _____

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

POLICIES AND PROCEDURES:

Classroom instruction is two (2) four-hour classes from 1:30 pm - 5:30 pm on the second and third Saturdays of each month. Attendance at both classes and a passing grade on the test is required for completion of the course. In addition, as required by state law, a parent or guardian must be present for two hours on the third Saturday (1:30-3:30) for completion of the course. If a parent or guardian is not present at 1:30 on said class day, the student cannot be admitted and no refunds will be offered. All classes are held at our office, 992 High Ridge Road, Stamford, (3rd floor). Due to State DMV regulations, each class must consist of 4 hours of lesson time. **Therefore, lateness can not be tolerated, and our door will be locked at 1:35, with no admittance thereafter.**

Tuition is \$125.00 for the 8-Hour Drug & Alcohol course, and must be accompanied with this form. No refunds. Returned check fee of \$20.00

You are entitled to attend 2 four-hour classes (1:30 pm - 5:30 pm) on the following days only:

DATE _____ TIME _____ DATE _____ TIME _____

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 class and no refunds will be granted.**

I hereby grant my permission for the below named student to take your 8-Hour Drug & Alcohol class. I have read, understand, and agree with the above.

I understand that a parent or guardian must attend two class hours as stated above. (Initial) _____

Student's Name: _____ Student's Signature: _____

Parent/Guardian's Name: _____ Parent/Guardian's Signature: _____

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

FOR OFFICE USE ONLY	CHECK #	AMT. PAID	DATE	INSTRUCTOR INITIALS
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