



New American Driving School
17 Knight Street, Concord, NH 03301

Registration Form

Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____ Number family members living at this address _____

Home Phone: _____ Cell Phone: _____ Email: _____

If I am injured and unable to make my wishes known, I would like to receive appropriate emergency care and be transported to the nearest medical facility. In case of Emergency please contact:

Name: _____ Relationship: _____

Phone (Home): _____ Phone (Cell): _____ Phone (Work): _____

Was the student born in the United States? Y N If no, Country of Birth: _____

Permanent Resident/Employment Authorization Card # _____

Do you receive state assistance? Y N If yes, Recipient Name: _____

Program Name: _____ Case #: _____

Are you under 18? Y N If yes,

Parent/Legal Guardian Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Email: _____

This form *must* be signed by either by the adult student or the underage student's parent or guardian:

I certify (promise) that all information on this application is true and correct. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, I or my child may be denied entry into this program or that I may be required to pay back scholarship funds used to cover program costs before I or my child receives a completion certificate from this program.

Sign Here: _____ Print Name: _____ Date: _____

Please attach a photocopy of the student's Non-Driver's ID, Permanent Resident card or Employment Authorization card and turn it in with this registration form.

Driving class includes **32** hours of in-class instruction, **10** hours of in-car driving, and **6** hours of in-car observation. Classes take place on Monday & Wednesday nights from 6-8 pm.

I would like to register for the 2025 – 2026 Calendar:

☐ **CLASS SESSION 1** – Sept. 3 – October 29, 2025 ☐ **CLASS SESSION 2** – Nov. 10, 2025 – Jan. 14, 2026

☐ **CLASS SESSION 3** – March 2 – April 22, 2026 ☐ **CLASS SESSION 4** – May 4– June 29, 2026

☐ **CLASS SESSION 5** – July 1 – Aug. 24, 2026

**Full tuition payments must be paid to guarantee a space in your desired class session.
If there are no openings in your chosen class, you will be placed in in the next available class.**

Your tuition payment is non-refundable. Checks should be made payable to *Second Start*.

Please write "Driving School" and the student's name on the memo line.

To be Completed by New American Driving School Staff

Tuition Cost \$ _____ ☐ PAID IN FULL Date: _____ Cash \$ _____ or Ck# _____ \$ _____

☐ Copy of the student's Non-Driver's ID, Permanent Resident or Employment Authorization is attached.