

Office Use only:
 _____ 8 hr
 _____ 30 hr
 _____ 38 hr

CROSSROADS DRIVING SCHOOL, LLC
 APPLICANT INFORMATION

NAME AS IT WILL APPEAR ON YOUR LICENSE (FULL NAME – NO NICK NAMES)

Last Name _____ First Name _____ Middle I. _____

Address _____

Town _____ ZIP Code _____

Phone # H _____ C _____ Male _____ Female _____
 (Student cell phone)

Email Address _____

DOB _____ - _____ - _____

Are you a US citizen Y _____ N _____

Are you a CT resident? Y _____ N _____

Visual aid used? Glasses/Contacts _____ None _____

Do you have a Learner's Permit? YES NO

Permit # _____ Date of issue _____ - _____ - _____ At which DMV? _____

Earliest date to test for license (120 days past date of permit when 30 hour course is completed) _____ - _____ - _____

If the student is signing up for the 8 hour Safe Driving Course **ONLY** or Classroom **ONLY** please note: Your son/daughter will need to hold their permit for 180 days before they can test for their license.

To be completed by instructor

Start date _____ - _____ - _____ Completion date _____ - _____ - _____ Cert# _____

Results Pass _____ Fail _____

Classroom Dates, Times and Instructor

Class #	Date	Instructor	Class #	Date	Instructor	Class #	Date	Instructor
1			6			11		
2			7			12		
3			8			13		
4			9			14		
5			10			15		

Road Instruction Dates, Times, Instructor, and Car License Plate

Date	Time	Instructor	License Plate

CROSSROADS DRIVING SCHOOL, LLC
PERMISSION FORM

I _____ (parent or legal guardian) give permission for my son/daughter _____ (name of student) to attend a drivers education course offered by Crossroads Driving School, LLC.

Students can not be admitted unless they are at least 16 years of age.

Students must receive at least 40 hours of on road instruction before testing for their license. If your son/daughter completes the full course which includes 8 of the 40 hours of on road instruction it is the parent/guardian responsibility to instruct 32 hours of on road lessons.

A copy of the student driving log must be completed and signed by both student and parent/guardian prior to the first on road lesson indicating the student has completed 32 hours of behind the wheel instruction.

Any student with a physical/mental handicap or language barrier whose needs cannot be met by Crossroads will be referred to Gaylord Hospital or Connecticut Department of Motor Vehicle.

Crossroads Driving School, LLC reserves the right to refuse service due to disruptive behavior in the classroom. Refunds will not be issued to any student who is thrown out of class for disruptive or inappropriate behavior.

Cell Phones: Cell phones are not to be used during instructional time in the classroom. They are a distraction not only in the classroom, but in the car as well. Students will be asked to put phones away during class time. Phones may be taken for the duration of the class at the discretion of the instructor.

Once the student has completed either the 30 hour course and 8 hours of on road or the 8 hour Safe Driving Program a certificate (CS-1) will be given to show proof of completion. If the student has completed the 30 hour course including the 8 hours of on road instruction most insurance companies will offer a discount. If the student is on the honor roll you may receive a good student discount also.

The student maybe a passenger in the rear seat while another student is driving. The instructor will be in the passenger seat.

Crossroads reserves the right to charge **\$50.00** fee for missed on road lessons, unless notified at least 24 hours prior to appointment.

Crossroads will charge a **\$25** fee for lost or missing CS-1 (yellow form).

Crossroads Driving School offers onsite DMV license road tests for our students. It is done on a first come first serve basis only. Dates confirmed by the DMV can be found on our website. Use of a Crossroads car for the test is provided. The fee is \$85.

I release Crossroads Driving School, LLC from liability for any future accident or injury after they have completed a course or partial course. This policy is firm.

Parent or legal guardian Signature _____ Date _____
Student Signature _____ Date _____