

# Registration Form

Pineo's School of Driving  
P.O. Box 65  
Hudson, ME 04449-0065

Tel: 207-327-2226  
Email: pineodriving@gmail.com  
www.pineoschoolofdriving.com

## REQUIREMENTS FOR DRIVER EDUCATION

- ★ Students must be 15 years old on or before the first day of class.
- ★ To comply with state mandates, a student needs 30 hours of class time and 10 hours of behind-the-wheel driving. Therefore, attendance is mandatory. There will be a \$50 fee for any unexcused missed class or driving time. Make-up classes or driving will be rescheduled at the instructor's discretion.
- ★ **Parental Involvement Component** - As mandated, a parent or guardian must accompany the student in behind-the-wheel instruction for a minimum of 60 minutes. We require a parent or guardian to accompany the student during the last 2 hour driving session.
- ★ **Satisfactory Course Completion Standards** - During the course, the student is required to complete reading assignments and quizzes. During the final class, the written permit exam is given. The student must correctly answer 80% of the questions to pass.
- ★ **FEES:** A nontransferable fee of **\$600.00** is charged per student. A \$100.00 deposit must accompany this registration form in order to enroll. The remainder of the fee (\$500.00) must be paid in full on or before the first day of class.
- ★ **Refund and Cancellation Policy:** If the course is canceled before the first class begins, all fees paid will be refunded. No other refunds will be issued. NOTE: Driver education is regulated by the Secretary of State.
- ★ **Birth Certificates** - A copy of the student's state-issued birth certificate must accompany this form. Copies of hospital-issued birth certificates are not submissible.

**Please detach the form below and mail along with a copy of the original birth certificate and a check or money order for \$100 (deposit fee) payable to Pineo's School of Driving to the address listed above.**

If you printed this form from our website, please call or email to check for class availability and to reserve the student's spot on the roster.

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STUDENT FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

STUDENT EMAIL (for Zoom invitations): \_\_\_\_\_

STUDENT SCHOOL: \_\_\_\_\_ PHONE (home): \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ CELL (student): \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ CELL (parent): \_\_\_\_\_

*Please fill in all requested information.  
It is required to complete the student's paperwork.  
Thank you.*

CELL (parent): \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ GENDER: \_\_\_\_\_

**Please answer the following completely.** If the student has been subject to any physical conditions listed below, it may be necessary to provide additional information prior to driving.

**Does the student have any of the following conditions?** YES [ ] NO [ ] If yes, circle which conditions.

Epilepsy Seizures Diabetes Heart Condition Blackouts/Loss of Consciousness Limb Amputation Paralysis  
Stroke Parkinson's Mental Health Issues Emotional Issues