

## **Cancellation and Rescheduling of Class and Damaged Textbooks**

### **Cancellation and Rescheduling of Class**

If driving lessons or classroom need to be changed or canceled, the student will be informed either by an announcement in class, an announcement over the intercom at school, or by a phone call from the instructor. If school is canceled because of a snow day, all driving lessons and classroom instruction scheduled for that day are also canceled. A make-up day will be scheduled as soon as possible and the student will be informed in the same manner. If you have any questions on such days, feel free to text my phone at (603) 264-7464.

### **Damaged Textbooks**

The textbooks provided for the course are in good to excellent condition. Jump Start Driving School, LLC expects to have them returned in the same condition. If the textbook is returned with pages missing, visibly damaged or marked up/written in by the student, a \$60 dollar fee will be recompensed to replace the book.

- By signing the below statement I have read and understood the cancellation and rescheduling of driving and class times. By signing the below space, I also agree that if a textbook is damaged under the student's care that the parent/ guardian/ or student is responsible to reimburse the school monetarily.

**Student Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

## Value of a Driver Education Course

*Driver Education will help you become an alert and knowledgeable driver capable of dealing with a wide range of driving situations.*

### **Knowledge - You will gain:**

- An understanding of the ways in which your personality, emotions, and maturity affect your driving
- An understanding of how to maneuver and control your car so as to minimize risk in different driving environments and under various road conditions
- An insight into ways in which alcohol and drugs impair driving, and knowledge of the penalties for their use
- A knowledge of traffic laws and administrative laws, rules of the road, signs and signals
- A foundation of consumer information, such as guidelines for buying, insuring, and maintaining a car and tips for trip planning
- A basic understanding of the parts of a car and how a car works
- A knowledge of what to do in case of an emergency

### **Ability - To better manage visibility, time, and space**

- Increase your awareness of the roadway and its surroundings
- Learn to maximize your own safety as well as that of your passengers, other drivers, and pedestrians
- Help you to evaluate and respond to the constantly changing environment
- Learn how to manage and minimize risk by thinking ahead and by preparing for threatening situations that may develop

### **Develop: An awareness of limiting factors**

- The feeling that there is little or no risk involved in driving
- Believing that if a collision occurs it is the "other person's fault"
- Your emotional state
- The effects of illness or injury
- Side-effects medication
- Effects alcohol and other drugs

*REMEMBER: How you use the driving skills and abilities you acquire is up to you.  
ONLY YOU CAN DECIDE TO BE A RESPONSIBLE DRIVER!*

# COVID-19 Conditions: Permission to Conduct One-On-One Driving and/or In-Person Class Lessons

Date: 15 JUNE 2020

1. I release Jumpstart Driving School from all liability concerning the possible exposure and/or contraction of COVID-19 while conducting one-on-one driving lessons and/or in-person classroom sessions.
2. I understand that I am required to bring my own personal protective equipment (PPE) to class every time unless told otherwise. This is what is required: a protective mask that covers both the nose and mouth (such as N95, N100 mask, etc.), protective gloves (such as latex or non-latex medical gloves, mechanics gloves, etc), and Hand Sanitizer.
3. I will not come to class if I am exhibiting flu-like signs / symptoms such as coughing, repetitive sneezing, high body temperature, etc. I will contact the instructor via phone, text, or email as soon as I am aware of potential sickness. Legitimate signs and symptoms only -- do not use it as an excuse to cut class.
4. I understand that if I have questions, comments, or concerns, I will contact the instructor as soon as I have them.

## **Parent/Guardian**

Full Name - Printed: \_\_\_\_\_

Full Name - Signature: \_\_\_\_\_

## **Student**

Full Name - Printed: \_\_\_\_\_

Full Name - Signature: \_\_\_\_\_

# Fuel Surcharge Notice

Due to the sudden rise in fuel costs, I am forced to assess a one-time fuel surcharge per student per course, payable with your course fee on Parent Night.

The surcharge will be applied as follows:

<b>Fuel Price</b>	<b>Surcharge</b>
\$2 - \$2.99	\$25
\$3 - \$3.99	\$35
\$4- \$4.99	\$45

I hope that this will be a temporary situation and I regret the inconvenience.



Dee Blanchard, Owner  
Jump Start Drivers Education, LLC

# Homework Outline

Students are responsible for noting the due dates given by the instructor.

**All homework is to be turned in fully completed on the designated due date.** Failure to submit completed homework affects the entire class, and will not be tolerated. Students with incomplete or missing homework for a class are sent home without completing that class and are marked as absent for that class. By state law, students who miss more than two classes are dropped from the course.

Homework Assignment	Due On
<ul style="list-style-type: none"> <li><input type="checkbox"/> NH Driver's Manual: Read Parts 1 to 12 corresponding test questions</li> <li><input type="checkbox"/> At least 1 hour of driving to practice demonstrated skills Daily</li> <li><input type="checkbox"/> Flashcards for NH driver's manual 100 Flashcard</li> <li><input type="checkbox"/> 20 Questions for the police</li> <li><input type="checkbox"/> How to Drive or Drive Right chapter 1 an 2 and take test end of chapter</li> <li><input type="checkbox"/> Last 3 pages in 33-page packet, found on JumpStart website</li> <li><input type="checkbox"/> 20 questions about insurance for visiting Insurance Agent</li> <li><input type="checkbox"/> Poster about texting and driving</li> <li><input type="checkbox"/> Poster about traffic procedures for School Buses and Emergency Vehicles</li> </ul>	<p>Date</p> <p>Date</p> <p>Date</p> <p>Date</p> <p>Date</p> <p>Date</p> <p>Date</p> <p>Date</p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> 10 pages of the 33-page packet, found on JumpStart website</li> <li><input type="checkbox"/> How to drive / Drive right: Chapters 3-4 with corresponding test questions</li> <li><input type="checkbox"/> At least 1 hour of driving to practice demonstrated skills Daily</li> <li><input type="checkbox"/> 20 Questions for EMT</li> </ul>	<p>Date</p> <p>Date</p> <p>Date</p> <p>date</p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> 10 more pages of the 33 packet that is online - (total of 23 pages complete)</li> <li><input type="checkbox"/> How to Drive / Drive right: Chapters 5-6 with corresponding test questions</li> <li><input type="checkbox"/> At least 1 hour of driving to practice demonstrated skills Daily</li> <li><input type="checkbox"/> 20 questions about Texting and driving</li> </ul>	<p>Date</p> <p>Date</p> <p>Date</p> <p>date</p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> How to drive / Drive right: Pick a chapter from Chapter 7 on and complete it                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Summary</li> <li><input type="checkbox"/> Handout (Bullet points)</li> <li><input type="checkbox"/> Poster/Powerpoint</li> <li><input type="checkbox"/> Game (extra credit)</li> </ul> </li> <li><input type="checkbox"/> At least 1 hour of driving to practice demonstrated skills</li> <li><input type="checkbox"/> Last 10 pages of the 33-page packet (total of 33 pages complete)</li> <li><input type="checkbox"/> At least 1 hour of driving to practice demonstrated skills Daily</li> </ul>	<p>Date project</p> <p>Date</p> <p>Date</p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> At least 1 hour of driving to practice demonstrated skills Daily</li> </ul>	<p>Date</p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Mid-term</li> <li><input type="checkbox"/> Final Exam</li> </ul>	<p>Date</p> <p>Date</p>

Use pencil to ease making changes

Recent Surgery: \_\_\_\_\_ Date: \_\_\_\_\_

Do you have an EMS-NO CPR Directive or a DNR form?

Yes  No Where is it located? \_\_\_\_\_

### MEDICAL CONDITIONS

*Check all that exist*

- |   |   |
|---|---|
| <input type="checkbox"/> No known medical conditions                  | <input type="checkbox"/> Hemodialysis         |
| <input type="checkbox"/> Abnormal EKG                                 | <input type="checkbox"/> Hemolytic Anemia     |
| <input type="checkbox"/> Adrenal insufficiency                        | <input type="checkbox"/> Hepatitis – Type [ ] |
| <input type="checkbox"/> Angina                                       | <input type="checkbox"/> Hypoglycemia         |
| <input type="checkbox"/> Asthma                                       | <input type="checkbox"/> Laryngectomy         |
| <input type="checkbox"/> Bleeding Disorder                            | <input type="checkbox"/> Lymphomas            |
| <input type="checkbox"/> Cancer                                       | <input type="checkbox"/> Memory Impaired      |
| <input type="checkbox"/> Cardiac Dysrhythmia                          | <input type="checkbox"/> Myasthenia Gravis    |
| <input type="checkbox"/> Cataracts                                    | <input type="checkbox"/> Pacemaker            |
| <input type="checkbox"/> Clotting disorder                            | <input type="checkbox"/> Renal Failure        |
| <input type="checkbox"/> Coronary Bypass Graft                        | <input type="checkbox"/> Seizure Disorder     |
| <input type="checkbox"/> Dementia <input type="checkbox"/> Alzheimers | <input type="checkbox"/> Sickle Cell Anemia   |
| <input type="checkbox"/> Diabetes/Insulin Dependent                   | <input type="checkbox"/> Stroke               |
| <input type="checkbox"/> Eye Surgery                                  | <input type="checkbox"/> Tuberculosis         |
| <input type="checkbox"/> Glaucoma                                     | <input type="checkbox"/> Vision Impaired      |
| <input type="checkbox"/> Hearing Impaired                             |   |
| <input type="checkbox"/> Heart Valve Prosthesis                       |   |
| <input type="checkbox"/> Other: _____                                 |   |

### ALLERGIES

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Aspirin              | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Penicillin         |
| <input type="checkbox"/> Barbiturate          | <input type="checkbox"/> Latex         | <input type="checkbox"/> Sulfa              |
| <input type="checkbox"/> Codeine              | <input type="checkbox"/> Lidocaine     | <input type="checkbox"/> Tetracycline       |
| <input type="checkbox"/> Demerol              | <input type="checkbox"/> Morphine      | <input type="checkbox"/> X-rays Dyes        |
| <input type="checkbox"/> Horse Serum          | <input type="checkbox"/> Novocaine     | <input type="checkbox"/> No known allergies |
| <input type="checkbox"/> Environmental: _____ |  |   |
| <input type="checkbox"/> Glaucoma             |  |   |
| <input type="checkbox"/> Environmental: _____ |  |   |
| <input type="checkbox"/> Other: _____         |  |   |

### MEDICAL INSURANCE

Med Ins. Co: \_\_\_\_\_  
 Policy #: \_\_\_\_\_  
 Other Med Ins. Co: \_\_\_\_\_  
 Policy #: \_\_\_\_\_

<b>MEDICAL DATA REVIEWED AS OF</b>		
YR.	MO.	Name:
Address:		
Doctor:		
Preferred Hospital:		
<b>EMERGENCY CONTACTS</b>		
Name: _____		
Address: _____		
Name: _____		
Phone #: _____		
Address: _____		
Name: _____		
Phone #: _____		
<b>MEDICAL DATA</b>		
Use pencil for ease of making changes.		
Special Conditions/Remarks:		
Medication		
Frequency	Dosage	
Pharmacy:		
Date of Birth:		
Blood Type:		
Religion:		
Health Care Proxy on file at:		
Living Will on file at:		

# **Missing/Canceling Scheduled Driving Times and Audio/Video Recording Release**

## Missing/Canceling Scheduled Driving Times

Students are required to notify the instructor if they cannot attend a scheduled driving time.

If a student misses a scheduled driving time and fails to notify the instructor, the student can be assessed a \$60 fee. If a student needs to reschedule a scheduled driving time, the student should notify the instructor immediately. If it is less than 24 hours before the scheduled time, the student should attempt to switch with another student, and notify the instructor to get the change approved. If a switch is not possible, Jump Start Drivers Education, LLC can assess a fee of \$60.

## Audio/Video Recording Release

Portions of the driver education course may be audio and/or video recorded. Any recording is for educational purposes only and will not be used for any commercial purpose.

I have read and understood the previous statements and agree to them

Student Signature \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_

# State of New Hampshire

Department of Safety  
Division of Motor Vehicles  
Concord, NH 03305



## DRIVER EDUCATION INFORMATION

Please read info carefully and print LEGIBLY. This **must** be handed in **at the beginning** of parent class. Thank you.

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LAST Name

FIRST Name

Full MIDDLE Name

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Address (Street address, not PO Box)

---

City

State

Zip

---

Parent Name

Parent Phone #

---

Date of Birth

Date Class Starts

Sex as listed on Birth Certificate (circle one):

Male

Female