

OLD School Driving of Rio Rancho LLC

4051 Sara Road SE - Rio Rancho, NM – 505-892-4921

30 Hour Class Grade Sheet

NAME _____ Class Start Date _____
(Last, First) Time _____

| Dates | Section | Work Assignment | Hours | Sign in section | Instructor |
|-------|---------------------------|-----------------|-------|-----------------|------------|
| | Intro | | | | |
| | D.W.I. | | | | |
| | OLD Rules | | | | |
| | G.D.L. | | | | |
| | Turns | | | | |
| | Driving Environments | | | | |
| | Driving Conditions | | | | |
| | Signs | | | | |
| | Defensive Driving | | | | |
| | Aggressive Driving | | | | |
| | Physical Conditions | | | | |
| | Mental Conditions | | | | |
| | Uncontrollable Conditions | | | | |
| | Insurance | | | | |
| | Seatbelts | | | | |
| | Car Maintenance | | | | |
| | Car Purchase | | | | |
| | Sharing the Road | | | | |
| | Cell Phones | | | | |
| | Review | | | | |
| | Final | | | | |

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Medical Release Form

Name _____
(Last, First)

Parent's Name _____

Due to New Mexico State Law, any type of learning disability, physical disability and mental disability must be disclosed prior to participating in a driver's education course. Please answer the following questions:

1. Do you have or have had any impairment that would impair your driving ability (ex. Seizures, epilepsy, asthma, paralysis etc.)? Yes___No___.
2. Do you currently or have you ever had any treatment for mental problems (including any depression history)? Yes___No___If yes, please explain in detail _____.
3. Are you currently taking any medications that could impair your driving ability? Yes___No___If yes, please list and provide details _____.
4. Do you have any form of learning disability (dyslexia, reading/writing trouble, attention deficit disorder, etc.)? Yes___No___If yes, please explain in detail _____.

I have answered the following questions to the best of my knowledge and realize if there are any problems in relation to any questions answered "Yes" above, my son/daughter may be asked to withdraw from the course.

Note: Please note that any "Yes" answers must be cleared by a doctor in written format addressed to "OLD School of Driving in Rio Rancho" verifying the student's ability to participate in the course.

Parent Signature: _____

Date: _____

Parent Email: _____

OLD School Driving of Rio Rancho LLC

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Rules and Regulations

Student Name: (last, first) _____

Please read the following and sign below:

We at **OLD School Driving of Rio Rancho LLC** are regulated by the state of N.M. and are required to provide classroom instruction and driving time. Driving time involves parking techniques, residential driving, freeway driving, and regular on-the-street driving.

In addition, we ask that our students be aware and abide by the following **OLD School Driving of Rio Rancho LLC** rules and regulations.

1. Cost is _____ and we accept cash, credit cards, checks, or money orders. Our policy is to have the payment paid on the first day of class but on special circumstances and exceptions, we will allow two installments (half on the first day of class and the balance paid at the end of class in cash, cashier check, or money order). A Certificate of Completion will not be issued until the balance is paid in full. If a balance exists and is not paid for within 3 weeks of the course ending date, the student will be given an incomplete and have to re-do the course paying in full at that time.
2. Refund Policy - We will not refund money after enrollment of class. If you take a spot, you will pay for the spot. If an emergency arises and the student cannot attend the scheduled class, we can work on transferring the student to another more convenient class or time allowed, after the first day of class.
3. Attendance - Classroom attendance is mandatory and required with no absences. If for some reason, an emergency arises or school activities are involved, the instructor must be notified prior to beginning the course and make-up work will apply. **Any unexcused absence will require a \$35.00 make-up fee per hour!**
4. Conduct and Drug Policy - We will not accept fighting or threatening of other students. We will not allow any disrespect toward any instructors. We expect our students to conduct themselves in a polite and respectful manner at all times. We will not accept any drug or stimulant use. Please let the instructor know if the student is on any medication that could impede driving. If these rules are not adhered to, we hold the right, to expel the student from the course without any reimbursement of fees paid, no exceptions.
5. Driving Time - Please expect the student to drive on weekends, before and after class, and sometimes even after the course has been completed. We ask students to volunteer for sign-up times, and we expect them to show up for the scheduled driving times. If a student misses their driving time, they will be docked for that time. It will then be the responsibility of the student to hire the instructor for the missed time. Please avoid the mess and do not schedule driving times unless you will be able to adhere to them. **Any unexcused absence will require a \$35.00 make-up fee per hour!**
6. Cooperative Testing Program - This program allows **OLD School Driving of Rio Rancho LLC** to test the student for the written and driving portion that has been administered by the Motor Vehicle Division in the past. If the student passes the course successfully, they will be issued a Certificate of Completion but must still adhere to the "Graduated License" rules before obtaining their license (see pamphlet provided to student for details). If a student is not driving well by the end of the course, the instructor may suggest that he/she practice with their parents and schedule the final testing at a later date.
7. Additional Driving - The State of New Mexico, statistically, leads the nation in several categories of "negative driving." Some students may need additional driving time to improve their skills that in return, may save their own life or that of others. Additional driving time with the instructor may be needed!
8. No cell phones allowed in class, unauthorized use will result in confiscation for the entire class!
9. Certificate Reissue - If the Certificate of Completion has to be reissued for whatever reason (lost, tampered with, expired, etc.) there is a \$35 reissue fee. (Referral form for lost permits \$10 fee.)

NOTE: We would like to highly stress that parent involvement is crucial to the student's learning. Experience is the key and only the fundamentals are learned. Please work with your child and feel free to ask us any questions.

I hereby authorize **OLD School Driving of Rio Rancho LLC** to instruct my child with classroom and on-the-street driving. I understand the rules explained to me as such.

Parent Signature _____ Date _____

*Parent E-mail _____ Cell Phone # _____

STUDENT DRIVING LOG

Student Name: _____ Permit #: _____ Home Phone #: _____

Parent (Guardian) Name / Phone #: _____

Emergency Contact: _____ Relationship: _____

CR Final: _____ BTW Final: _____ Cert of Completion #: _____ Date issued: _____

Gender: _____ Height: _____ Weight: _____ Eye Color: _____ DOB: _____ SS#: _____ BC #: _____

Address _____ City _____ Zip Code _____

SESSION 1: Range Driving Y/N Date: _____ Instructor: _____ Start Time _____ End Time _____ Student Initials _____

| Skills Taught: | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------|
| Starting | <input type="checkbox"/> | Foot brake depressed | <input type="checkbox"/> | Hand position | <input type="checkbox"/> | Engages e-brake | Turns | <input type="checkbox"/> | Perpendicular | | |
| <input type="checkbox"/> | Key in ignition | <input type="checkbox"/> | Start engine | <input type="checkbox"/> | Proper acceleration | Backing | <input type="checkbox"/> | Signals in time | <input type="checkbox"/> | Parallel | |
| <input type="checkbox"/> | All doors locked | <input type="checkbox"/> | Check gauges | Stopping | | <input type="checkbox"/> | Steering | <input type="checkbox"/> | Shuffles hands | <input type="checkbox"/> | Hill parking |
| <input type="checkbox"/> | Seat adjusted | <input type="checkbox"/> | Shift gear lever | <input type="checkbox"/> | Check mirrors | <input type="checkbox"/> | Body Position | <input type="checkbox"/> | Speed control | | |
| <input type="checkbox"/> | Mirrors adjusted | <input type="checkbox"/> | Release parking brake | <input type="checkbox"/> | Brakes smoothly | <input type="checkbox"/> | Hand Position | <input type="checkbox"/> | Wide | <input type="checkbox"/> | Short |
| <input type="checkbox"/> | Belts fastened | <input type="checkbox"/> | Check traffic | <input type="checkbox"/> | Correct foot | <input type="checkbox"/> | Speed control | Parking | | | |
| <input type="checkbox"/> | E-brake engaged | <input type="checkbox"/> | Signal | <input type="checkbox"/> | Shifts to park | <input type="checkbox"/> | Braking | <input type="checkbox"/> | Angled | | |
| Remarks: | | | | | | | | | | | |
| | | | | | | | | | | | |

SESSION 2: Range Driving Y/N Date: _____ Instructor: _____ Start Time _____ End Time _____ Student Initials _____

| Skills Taught: | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------|
| Starting | <input type="checkbox"/> | Foot brake depressed | <input type="checkbox"/> | Hand position | <input type="checkbox"/> | Engages e-brake | Turns | <input type="checkbox"/> | Perpendicular | | |
| <input type="checkbox"/> | Key in ignition | <input type="checkbox"/> | Start engine | <input type="checkbox"/> | Proper acceleration | Backing | <input type="checkbox"/> | Signals in time | <input type="checkbox"/> | Parallel | |
| <input type="checkbox"/> | All doors locked | <input type="checkbox"/> | Check gauges | Stopping | | <input type="checkbox"/> | Steering | <input type="checkbox"/> | Shuffles hands | <input type="checkbox"/> | Hill parking |
| <input type="checkbox"/> | Seat adjusted | <input type="checkbox"/> | Shift gear lever | <input type="checkbox"/> | Check mirrors | <input type="checkbox"/> | Body Position | <input type="checkbox"/> | Speed control | | |
| <input type="checkbox"/> | Mirrors adjusted | <input type="checkbox"/> | Release parking brake | <input type="checkbox"/> | Brakes smoothly | <input type="checkbox"/> | Hand Position | <input type="checkbox"/> | Wide | <input type="checkbox"/> | Short |
| <input type="checkbox"/> | Belts fastened | <input type="checkbox"/> | Check traffic | <input type="checkbox"/> | Correct foot | <input type="checkbox"/> | Speed control | Parking | | | |
| <input type="checkbox"/> | E-brake engaged | <input type="checkbox"/> | Signal | <input type="checkbox"/> | Shifts to park | <input type="checkbox"/> | Braking | <input type="checkbox"/> | Angled | | |
| Remarks: | | | | | | | | | | | |
| | | | | | | | | | | | |

SESSION 3: Range Driving Y/N Date: _____ Instructor: _____ Start Time _____ End Time _____ Student Initials _____

| Skills Taught: | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|----------------|--------------------------|--------------------|
| City Driving | <input type="checkbox"/> | Observes signs | <input type="checkbox"/> | Lane changing | Highway / Interstate | <input type="checkbox"/> | Lane changing: | <input type="checkbox"/> | Passing |
| <input type="checkbox"/> | Enter Street | <input type="checkbox"/> | Observes lights | <input type="checkbox"/> | Mirror checks | <input type="checkbox"/> | Entering | <input type="checkbox"/> | Observing signs |
| <input type="checkbox"/> | Lane position | <input type="checkbox"/> | Observes traffic | <input type="checkbox"/> | Panel checks | <input type="checkbox"/> | Observes signs | <input type="checkbox"/> | Following distance |
| <input type="checkbox"/> | Speed control | <input type="checkbox"/> | Signals | <input type="checkbox"/> | Eye movement | <input type="checkbox"/> | Lane position | <input type="checkbox"/> | Exiting |
| Remarks: | | | | | | | | | |
| | | | | | | | | | |

SESSION 4: Range Driving Y/N Date: _____ Instructor: _____ Start Time _____ End Time _____ Student Initials _____

| Skills Taught: | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|----------------|--------------------------|--------------------|
| City Driving | <input type="checkbox"/> | Observes signs | <input type="checkbox"/> | Lane changing | Highway / Interstate | <input type="checkbox"/> | Lane changing: | <input type="checkbox"/> | Passing |
| <input type="checkbox"/> | Enter Street | <input type="checkbox"/> | Observes lights | <input type="checkbox"/> | Mirror checks | <input type="checkbox"/> | Entering | <input type="checkbox"/> | Observing signs |
| <input type="checkbox"/> | Lane position | <input type="checkbox"/> | Observes traffic | <input type="checkbox"/> | Panel checks | <input type="checkbox"/> | Observes signs | <input type="checkbox"/> | Following distance |
| <input type="checkbox"/> | Speed control | <input type="checkbox"/> | Signals | <input type="checkbox"/> | Eye movement | <input type="checkbox"/> | Lane position | <input type="checkbox"/> | Exiting |
| Remarks: | | | | | | | | | |
| | | | | | | | | | |

STUDENT DRIVING LOG

SESSION 5: Range Driving Y/N Date: _____ Instructor: _____ Start Time _____ End Time _____ Student Initials _____

| Skills Taught: | | | | | | | | | |
|--|--------------------------|------------------|--------------------------|---------------|-----------------------------|--------------------------|--------------------------|--------------------------|---|
| City Driving | <input type="checkbox"/> | Observes signs | <input type="checkbox"/> | Lane changing | Highway / Interstate | <input type="checkbox"/> | Lane changing: | <input type="checkbox"/> | Passing |
| <input type="checkbox"/> Enter Street | <input type="checkbox"/> | Observes lights | <input type="checkbox"/> | Mirror checks | <input type="checkbox"/> | Entering | <input type="checkbox"/> | Signal, Mirror, | <input type="checkbox"/> Observing signs |
| <input type="checkbox"/> Lane position | <input type="checkbox"/> | Observes traffic | <input type="checkbox"/> | Panel checks | <input type="checkbox"/> | Observes signs | <input type="checkbox"/> | Over-shoulder, | <input type="checkbox"/> Following distance |
| <input type="checkbox"/> Speed control | <input type="checkbox"/> | Signals | <input type="checkbox"/> | Eye movement | <input type="checkbox"/> | Lane position | <input type="checkbox"/> | Go | <input type="checkbox"/> Exiting |
| Remarks: | | | | | | | | | |
| | | | | | | | | | |

SESSION 6: Range Driving Y/N Date: _____ Instructor: _____ Start Time _____ End Time _____ Student Initials _____

| Skills Taught: | | | | | | | | | |
|--|--------------------------|------------------|--------------------------|---------------|-----------------------------|--------------------------|--------------------------|--------------------------|---|
| City Driving | <input type="checkbox"/> | Observes signs | <input type="checkbox"/> | Lane changing | Highway / Interstate | <input type="checkbox"/> | Lane changing: | <input type="checkbox"/> | Passing |
| <input type="checkbox"/> Enter Street | <input type="checkbox"/> | Observes lights | <input type="checkbox"/> | Mirror checks | <input type="checkbox"/> | Entering | <input type="checkbox"/> | Signal, Mirror, | <input type="checkbox"/> Observing signs |
| <input type="checkbox"/> Lane position | <input type="checkbox"/> | Observes traffic | <input type="checkbox"/> | Panel checks | <input type="checkbox"/> | Observes signs | <input type="checkbox"/> | Over-shoulder, | <input type="checkbox"/> Following distance |
| <input type="checkbox"/> Speed control | <input type="checkbox"/> | Signals | <input type="checkbox"/> | Eye movement | <input type="checkbox"/> | Lane position | <input type="checkbox"/> | Go | <input type="checkbox"/> Exiting |
| Remarks: | | | | | | | | | |
| | | | | | | | | | |

SESSION 7: Range Driving Y/N Date: _____ Instructor: _____ Start Time _____ End Time _____ Student Initials _____

| Skills Taught: | | | | | | | | | |
|--|--------------------------|------------------|--------------------------|---------------|-----------------------------|--------------------------|--------------------------|--------------------------|---|
| City Driving | <input type="checkbox"/> | Observes signs | <input type="checkbox"/> | Lane changing | Highway / Interstate | <input type="checkbox"/> | Lane changing: | <input type="checkbox"/> | Passing |
| <input type="checkbox"/> Enter Street | <input type="checkbox"/> | Observes lights | <input type="checkbox"/> | Mirror checks | <input type="checkbox"/> | Entering | <input type="checkbox"/> | Signal, Mirror, | <input type="checkbox"/> Observing signs |
| <input type="checkbox"/> Lane position | <input type="checkbox"/> | Observes traffic | <input type="checkbox"/> | Panel checks | <input type="checkbox"/> | Observes signs | <input type="checkbox"/> | Over-shoulder, | <input type="checkbox"/> Following distance |
| <input type="checkbox"/> Speed control | <input type="checkbox"/> | Signals | <input type="checkbox"/> | Eye movement | <input type="checkbox"/> | Lane position | <input type="checkbox"/> | Go | <input type="checkbox"/> Exiting |
| Remarks: | | | | | | | | | |
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A private driver education school shall maintain a driving log for each student and the driving log shall be maintained in the vehicle during the training and shall be completed at the end of each training session. Reference: 18.20.3.13E (2) NMAC.

For **maximum driving time per student**, please note: 18.20.3.13.A NMAC states, "On days when educational institution classes are held, a licensee shall provide no more than one (1) hour per day of behind-the-wheel training per student. On days when educational institution classes are not held, a licensee shall provide no more than two (2) hours per day of behind-the-wheel training per student."

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Parent - Teen - SUPERVISED DRIVING LOG

New Mexico State law requires 50 hours of practice driving, 10 of which must be done at night. This will help give your teenager more experience behind the wheel in a variety of situations helping them to become better drivers.

Please note that the 50 hours are in addition to any time spent behind-the-wheel with a driving instructor. All 50 hours must be spent with someone age 21 or older who has been licensed for a minimum of one year.

The following chart may be used to record the 50 hours of behind-the-wheel practice time, including 10 hours of **nighttime driving** that your teenager must complete before obtaining a driver’s license. This chart is designed solely for your convenience as a means to ensure your teen has completed the required 50 hours of practice driving.

* Total time spent practicing must equal a **MINIMUM OF 50 HOURS.**

| Date | City or Highway | Weather | Day Total Hours | Night Total Hours | Parent Signature |
|------|-----------------|---------|-----------------|-------------------|------------------|
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Student Drivers Name _____ Date _____

Parent / Legal Guardian _____ Date _____