

TEEN & PARENT DRIVING AGREEMENT

I, _____, will drive carefully and cautiously and will be courteous to other drivers, bicyclists, and pedestrians at all times.

GRADUATED DRIVER LICENSE RESTRICTIONS (TEEN DRIVER CURFEW)

It is recommended that a new teen driver does not transport more than one non-family passenger under the age of 18 for the first 6 months of licensure, and no more than three non-family members under the age of 18 in the second 6 months. Source: Advocates for Highway & Auto Safety

For the first _____ months, I will not transport more than _____ passengers under the age of 18. If I transport more than _____ passengers under the age of 18 during this time period, the penalty will be the loss of my driving privileges for _____ weeks/months.

This restriction will be re-assessed after _____ months of successful compliance.

DRIVER INITIAL

I understand that while I have my driver license at _____
I will not drive from the nighttime hours of _____

Age 16

11PM to 6AM

Age 17

1AM to 5AM

DRIVER INITIAL

DRIVING BEHAVIORS

I PROMISE THAT I WILL OBEY ALL THE RULES OF THE ROAD. I WILL:

- › Always wear a seat belt and make all my passengers buckle up.
- › Obey all traffic lights, stop signs, other street signs, and road markings.
- › Stay within the speed limit and drive safely.
- › Never use the car to race or to try to impress others.
- › Never give rides to hitchhikers.



If I violate the rules of the road, the penalty will be the loss of my driving privileges for _____ weeks/months.

DRIVER INITIAL

I PROMISE THAT I WILL MAKE SURE I CAN STAY FOCUSED ON DRIVING. I WILL:

- › Drive with both hands on the wheel in the proper positions (9 and 3 as recommended by the National Highway Traffic Safety Administration)
- › Never eat, drink, or use a cell phone to talk or text while I drive.
- › Drive only when I am alert and in emotional control.
- › Call my parents for a ride home if I have had any alcohol or drugs that impair my driving ability.
- › Always take my medicine on time (if I am taking medicine for ADHD) and not drive if I am unable to focus my attention completely on driving.

If I violate the above terms concerning staying focused on driving, the penalty will be the loss of my driving privileges for _____ weeks/months.

DRIVER INITIAL



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I PROMISE THAT I WILL RESPECT LAWS ABOUT DRUGS AND ALCOHOL. I WILL:

- Never drive impaired.
- Never allow any alcohol or illegal drugs in the car.
- Be a passenger only with drivers who are alcohol and drug free.

If I violate the above terms concerning drugs and alcohol, the penalty will be the loss of my driving privileges for _____ weeks/months.

DRIVER INITIAL

I PROMISE THAT I WILL BE A RESPONSIBLE DRIVER. I WILL:

- Drive only when I have permission to use the car.
- Not let anyone else drive the car unless I have permission.
- Not drive someone else's car unless I have my parents' permission.
- Pay for all traffic citations or parking tickets.
- Maintain good grades at school.

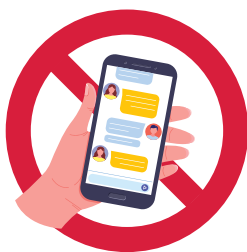
If I violate the above terms concerning being an overall responsible driver, the penalty will be the loss of my driving privileges for _____ weeks/months.

DRIVER INITIAL

I agree to follow all the rules and restrictions in this contract. I understand that my parents will impose penalties (see above), including removal of my driving privileges, if I violate the contract. I also understand that my parents will allow me greater driving privileges as I become more experienced and as I demonstrate that I am always a safe and responsible driver.

TEEN SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____



PARENT AGREEMENT



- I also agree to drive safely and to be an excellent role model, which includes not driving while talking on my phone, texting, or driving impaired by drugs or alcohol.
- I promise to never call or text you when I know you are driving.
- I agree to not task you with driving your younger siblings around, because I know children can be distracting, and you are still getting your experience on the road.

PARENT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____