

**SOMERS HIGH SCHOOL DRIVER EDUCATION PROGRAM
APPLICATION/CONSENT SLIP**

P.O. Box 640, Lincolndale, NY 10540 (914) 248-8585

Today's Date: _____

Student's Name, Address, Date of Birth and Permit/License # MUST BE EXACTLY as on the permit/ license otherwise the DMV will NOT Convert Junior-to-Senior License.

			Male () Female ()
_____	_____	_____	_____
Last	First	Middle	Date of Birth
			/
_____	_____	_____	_____
Number	Street	Home Phone	Student Cell Phone

_____	_____	_____	_____
City	State	Zip Code	E-Mail Address
PERMIT/LICENSE NUMBER: _____			
(Required by September 20, 2019 include copy of permit / license with application) Name of Full-Time HighSchool _____			

The program consists of 90 minutes of driving and 90 minutes of lecture class each week for 16 weeks.

Driving Time: Please indicate your top 3 driving preference days by placing a 1, 2 & 3 in the boxes below. Next to the number, indicate the earliest time you can start driving. Please be aware that student registration priority and teacher availability may limit some choices.

() Monday _____ () Tuesday _____ () Wednesday _____
 () Thursday _____ () Friday _____ () Saturday _____

Lecture Class: You will be assigned to a class (day/time determined by space and teacher availability).

PARENT/GUARDIAN INFORMATION AND CONSENT

I give my child permission to be enrolled in the aforementioned driver education program.

Parent/Guardian (Print Name) _____ **Parent/Guardian (Signature)** _____ Cell Phone # _____

EMERGENCY CONTACT INFO: _____
 Name _____ Phone # _____

IMPORTANT INFORMATION

- 1) The fall program starts September 23rd, 2019 and will be conducted for 16 weeks.
- 2) Fee for the program is **\$535**. The completed application, **signed by a parent or guardian**, together with a check payable to **Somers High School** may be brought in to the **Main Office** or mailed to Somers High School Driver Education Program, P.O. Box 640, Lincolndale, NY 10540.
- 3) Students must complete all requirements by the end of the semester
- 4) Payment is required with this application. After 2 weeks from the start of the program no refunds will be issued.
- 5) Course requirements and assignments will be provided at the mandatory 90-minute **Orientation held on Saturday September 14th, 2019 at 9:00am in the HS Auditorium.**
- 6) Driving instruction is provided by PAS Auto School (914) 332-7700.

DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY.

ASSIGNED DRIVING TIMES	_____	_____	_____
	Day	Time	Teacher
ASSIGNED LECTURE TIMES	_____	_____	_____
	Day	Time	Teacher
PAYMENT _____	CHECK # _____	DATE _____	
PR _____ DA _____	PU _____ PA _____		