

SLEEPY HOLLOW HIGH SCHOOL DRIVER EDUCATION PROGRAM APPLICATION/CONSENT SLIP

210 North Broadway, Sleepy Hollow, NY 10591 (914) 332-6203

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 November 4 th ---Include copy of permit / license with application)			Name of Full-Time High School

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

Driving Time: Next to the day, indicate the earliest time you can start driving. Please be aware that student registration priority and teacher availability may limit some choices.

() Monday _____

Lecture Class: Friday at 3:15PM.

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 spring program starts the week of November 4th, 2019 and will be conducted for 16 weeks.
- 2) Fee for the program is \$500. Please make check payable to **Sleepy Hollow High School** and bring it with this completed application, **signed by a parent or guardian, to the Guidance Office**
- 3) **You must submit a copy of your permit with your application**
- 4) Students must complete all requirements by the end of the semester
- 5) Payment is required with this application. **After 2 weeks from the start of the program no refunds will be issued.**
- 6) Course requirements and assignments will be provided at the mandatory 90-minute **Orientation on Wednesday, October 30th, 2019 at 3:15pm in Room 305N.**
- 7) 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____