

CROTON HARMON HIGH SCHOOL

36 Old Post Road, Croton-On-Hudson, New York 10520

# DRIVER EDUCATION



## SPRING PROGRAM

LEARN TO DRIVE SAFELY  
SENIOR DRIVING PRIVILEGES AT 17  
LOWER INSURANCE PREMIUMS\*

\*CALL YOUR COMPANY FOR DETAILS

APPLICATIONS AVAILABLE  
IN THE MAIN OFFICE

OR ON

SCHOOL WEBSITE

*EARLY REGISTRATION MEANS BEST CHOICE OF TIMES!*

ORIENTATION: FEBRUARY 4<sup>th</sup>, 2019 @ 4:30PM.

TOTAL COST: \$533.00

**CROTON-HARMON HIGH SCHOOL DRIVER EDUCATION PROGRAM  
APPLICATION/CONSENT SLIP**

36 Old Post Road, Croton-On-Hudson, New York 10520

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
<b>PERMIT/LICENSE NUMBER:</b> _____			_____
(Required by February 8 <sup>th</sup> —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:** 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 \_\_\_\_\_

**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 spring program starts during the week of February 11<sup>th</sup>, 2019 and will be conducted for 16 weeks.
- 2) Fee for the program is \$533. Please make check payable to **Croton-Harmon Schools**. You may either bring the **completed/signed application by a parent or guardian** to the **Main Office** at Croton Harmon H. S. or mail it to Croton Harmon High School Driver Education Program, 36 Old Post Road, Croton on Hudson, NY, 10520. **You must submit a copy of your permit with your application**
- 3) Payment is required with this application. **After 2 weeks from the start of the program, no refunds will be issued.**
- 4) Students must complete all requirements by the end of the semester.
- 5) Course requirements and assignments will be provided at the mandatory 90-minute **Orientation on Monday, February 4<sup>th</sup>, 2019 @ 4:30pm HS Community Room.**
- 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 _____