

**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 |
| PERMIT/LICENSE NUMBER: _____ | | | |
| (Required by February 10, 2020 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 program starts during the week of February 10, 2020 and will be conducted for 16 weeks.
- 2) Fee for the program is \$538. 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 Tuesday, February 4, 2020 at 4:45pm 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 PR _____ | CHECK # _____ | DATE PA _____ | |