

**JOHN F. KENNEDY CATHOLIC HIGH SCHOOL DRIVER EDUCATION PROGRAM  
 SPRING 2017 APPLICATION/CONSENT SLIP  
 54 Route 138, Somers, NY 10598 (914) 232-8767**

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 3, 2017 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 # _____
<b>EMERGENCY CONTACT INFO:</b>		
Name _____	Phone # _____	

**IMPORTANT INFORMATION**

- 1) The spring program starts the week of February 6<sup>th</sup>, 2017 and will be conducted for 16 weeks.
- 2) Fee for the program is \$575. Please make check payable to **JOHN F. KENNEDY CATHOLIC HIGH SCHOOL** and bring it with this completed application, signed by a parent or guardian, to the **Main Office**. **You must submit a copy of your permit with your application**
- 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 on Thursday January 26<sup>th</sup>, 2017 3:00pm in Room 100.**
- 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 _____ DA _____	CHECK # _____	DATE _____	
	PU _____ PA _____		