

**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 February 9 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: 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 the week of February 12th and will be conducted for 16 weeks.
- 2) Fee for the program is \$495. 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 **Organizational meeting on Thursday January 18th, 2018 3:15pm 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 _____