

**WAPPINGERS CENTRAL SCHOOL DISTRICT
DRIVER EDUCATION PROGRAM APPLICATION**

KETCHAM H.S. ANNEX, 99 MYERS CORNERS RD, WAPPINGERS FALLS, NY 12590 (845) 298-5000, x40137

COURSE COST: \$410

OUT OF DISTRICT APPLICATION

Student Information All fields must be completed. Please print legibly.

PRINT (FULL LEGAL NAME)

MALE () FEMALE ()

LAST FIRST MIDDLE

DATE OF BIRTH

HOUSE/APT. NO STREET

HOME PHONE

CITY STATE ZIP

PARENT E-MAIL ADDRESS

PERMIT/LICENSE NUMBER (9 DIGIT # AT THE TOP OF LICENSE /PERMIT)

ISSUE DATE

In-Car Driving Assignments

You will be assigned a 1 ½ hour in-car time slot at the mandatory orientation. Time slots will be offered on Mon-Thurs, 2:00-7:00 pm, per demand. *Saturday hours may also be available based upon demand.* This day/time slot will then be your in-car time for the entire 16-week program. This assignment will be done at the orientation on a first-received, first served basis in the order that your application was received in the Driver Ed office.

Parent/Guardian Information & Consent

I give my child permission to be enrolled in the aforementioned Driver Education program.

PARENT/GUARDIAN (PRINT NAME)

PARENT/GUARDIAN (SIGNATURE)

PARENT'S CELL PHONE #

EMERGENCY CONTACT/MEDICAL INFORMATION:

Name: _____ Phone: _____ Alt. Phone: _____

Doctor: _____ Phone: _____ Insurance: _____

Policy #: _____ Allergies & Medications: _____

Medical/Behavioral Issues related to driving: _____

Mailing Instructions

Please send **completed form, payment** and **a copy of Learner's Permit** to:

Wappingers Central School District
Attn: Driver Education
P.O. Box 396
Hopewell Junction NY 12533

Money orders/ checks should be made payable to *Wappingers Central School District*.

DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY

PAYMENT INFORMATION: CASH CHECK # _____ DATE: _____

VERIFIED ON SCHOOL TOOL: _____ CONFIRMATION LETTER SENT _____