

**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: \$400**

**SCHOOL (CIRCLE ONE): JOHN JAY OR KETCHAM**

**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

\_\_\_\_\_  
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  
Ketcham H.S. Annex  
99 Myers Corners Road  
Wappingers Falls, NY 12590

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  \_\_\_\_\_