

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

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

**COURSE COST: \$400**

**SESSION** (CIRCLE ONE): **SESSION I** (JJ) OR **SESSION II** (RCK)

**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**

In-car times will be assigned on Mondays-Thursdays, between 6:30 a.m. – 4:30 p.m. You will choose this 1 ½ hour in-car slot at the mandatory orientation. This selection will be done on a first-received/first served basis in the order that your application was received in the Driver Education office. Students will meet for both lecture and in-car lessons each day for a total of 3 hours each day.

**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)

\_\_\_\_\_  
DATE/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 HS 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  \_\_\_\_\_