

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

KETCHAM HIGH SCHOOL ANNEX, 99 MYERS CORNERS RD., WAPPINGERS FALLS, NY 12590 (845) 298-5000, X40137

COURSE COST: \$410

SESSION (CIRCLE ONE): **SESSION I** **SESSION II**

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 7:00 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)	PARENT'S CELL PHONE #
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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 _____