

SOMERS HIGH SCHOOL
P.O. BOX 640, LINCOLNDALE, NY 10540 (914) 248-8585

DRIVER EDUCATION



SUMMER PROGRAM

LEARN TO DRIVE SAFELY
SENIOR DRIVING PRIVILEGES AT 17
LOWER INSURANCE PREMIUMS*

*CALL YOUR COMPANY FOR DETAILS

APPLICATIONS AVAILABLE
IN THE MAIN OFFICE
OR ON
SCHOOL WEBSITE

EARLY REGISTRATION MEANS BEST CHOICE OF TIMES!

ORIENTATION: JUNE 15, 2018 – 3:00 P.M.
TOTAL COST: \$525.00

SOMERS HIGH SCHOOL SUMMER DRIVER EDUCATION PROGRAM

SOMERS HIGH SCHOOL APPLICATION/CONSENT SLIP

P.O. Box 640, Lincolndale, NY 10540 (914) 248-8585

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 your Junior to Senior License

			Male () Female ()
Last	First	Middle	Date of Birth
Address			Home Phone / Student Cell Phone
City	State	Zip Code	E-Mail Address
PERMIT/LICENSE NUMBER: _____			
(Required by June 22 nd , 2018 include copy of permit / license with application) Name of Full-Time High School _____			

DRIVING PREFERENCES

SUMMER PROGRAM CONSISTS OF:

- Sixteen (16) 90-minute driving and sixteen (16) 90-minute lecture sessions. **June 25^h - August 10th**
- Classes are held Monday through Friday – **YOU MUST BE AVAILABLE ALL FIVE DAYS**

Please indicate the top 3 time slots that you are available (1, 2 and 3). Schedule will depend on teacher availability and order in which application is received.

7:00 A.M. _____ 8:30 A.M. _____ 10:00 A.M. _____ 11:30 A.M. _____
1:00 P.M. _____ 2:30 P.M. _____ 4:00 P.M. _____ 5:30 P.M. _____

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) _____ Phone Number _____

EMERGENCY CONTACT INFO: _____
Name _____ Phone Number _____

IMPORTANT INFORMATION

- 1) **A permit is required by June 22, 2018.**
- 2) Fee for the program is \$525. The completed application, **signed by a parent or guardian**, together with a check payable to **Somers High School** may be brought in to the **Main Office** or mailed to Somers High School Driver Education Program, P.O. Box 640, Lincolndale, NY 10540. Payment is required with this application. **After 1 week from the start of the program, no refunds will be issued.**
- 3) Students must complete all requirements by the end of the semester.
- 4) Course requirements and assignments will be provided at the mandatory **Orientation on Friday June 15th 3:00pm in the Main Cafeteria.**
- 5) 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 _____