

# JOHN JAY HIGH SCHOOL DRIVER EDUCATION PROGRAM APPLICATION/CONSENT SLIP

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 Junior-to-Senior License.**

			Male ( ) Female ( )
Last	First	Middle	Date of Birth
			/
Number	Street		Home Phone Student Cell Phone
City	State	Zip Code	E-Mail Address
<b>PERMIT/LICENSE NUMBER:</b> _____			_____
(Required by February 10, 2020)			Name of Full-Time High School

The program consists of 90 minutes of driving and 90 minutes of lecture class each week for 16 weeks.

**Driving Time:** Please indicate your top 3 driving preference days by placing a 1, 2 & 3 in the boxes below. Next to the number, indicate the earliest time you can start driving. Please be aware that student registration priority and teacher availability may limit some choices. **Weekday Driving Time Choices: 3pm / 4:30pm / 6:00pm. Saturday Driving Time Choices: 7:30am / 9am / 10:30am / 12:00pm.**

( ) Mon \_\_\_\_\_ ( ) Tues \_\_\_\_\_ ( ) Wed \_\_\_\_\_  
 ( ) Thu \_\_\_\_\_ ( ) Fri \_\_\_\_\_ ( ) Sat \_\_\_\_\_

**Lecture Class:** Please indicate your top 3 lecture preferences by placing 1, 2 & 3 in the Lecture Preference box on the right.

Lecture Preference	
<u>Thurs.</u>	<u>Sat.</u>
3:00 PM _____	9:00AM _____
4:30PM _____	10:30AM _____
*6:00PM _____	
<b>*Subject to enrollment and teacher availability.</b>	

### 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)** Cell Phone #

EMERGENCY CONTACT INFO: \_\_\_\_\_  
 Name Phone #

### IMPORTANT INFORMATION

- 1) The program starts the week of February 10, 2020 and will be conducted for 16 weeks.
- 2) Fee for the program is \$485. Please make check payable to **John Jay High School**. You may either bring the **completed/signed application by a parent or guardian** to the **Athletic Office** at John Jay H. S. or mail it to John Jay High School Driver Education Program, 60 No. Salem Road, Cross River, NY 10518.
- 3) **Payment is required with this application.** After 2 weeks from the start of the program, no refunds will be issued.
- 4) Students **MUST** complete all requirements by the end of the semester.
- 5) Course requirements and assignments will be provided at the mandatory 90-minute **Orientation on Thursday, January 30, 2020 at 3:00pm in the HS Cafeteria.**
- 6) 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 PR _____ DA _____	CHECK # _____	DATE _____	PA _____