

**JJHS DRIVER EDUCATION PROGRAM SPRING 2019– Application/Consent Form**  
*Driving Instruction Provided by PAS Auto School – 914-332-7700*

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> _____			_____
<b>(Required by February 6, 2019)</b>			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 Day/Time Choices	
<u>Thurs.</u>	<u>Sat.</u>
3:00 PM _____	9:00AM _____
4:30PM _____	10:30AM _____
*6:00PM _____	
*Subject to enrollment and teacher availability.	

**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) Program begins **Saturday, February 9, 2019** and runs for 16 weeks.
- 2) Fee for the program is \$480. Please make check payable to **John Jay High School**. You may either bring the completed/signed application (by parent/guardian) to the Athletic Office at John Jay HS or mail it to John Jay High School Athletic Department, 60 No. Salem Road, Cross River, NY 10518.
- 3) **Payment is required with 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 Friday, February 1, 2019 @ 3:00pm in the HS Cafeteria.**

<b>DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY.</b>					
ASSIGNED DRIVING TIMES	_____	_____	_____	_____	_____
	Day	Time	Teacher		
ASSIGNED LECTURE TIMES	_____	_____	_____	_____	_____
	Day	Time	Teacher		
PAYMENT	_____	CHECK #	_____	DATE	_____
PR _____	DA _____	PU _____	PA _____		