

**CARMEL CENTRAL SCHOOL DISTRICT  
DRIVER EDUCATION PROGRAM APPLICATION**  
Carmel High School 30 Fair St. Carmel, NY 10512 (845)225-8441 X402

**COURSE COST: \$460**

**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:** \*per demand\* Car A: 7:00-8:30  
Car B: 8:30-10am  
**10-11:30 All in Lecture**  
Car C: 11:30-1:00  
Car D: 1:00-2:30

Car times are given out at orientation. First registered, first choice, so register early.  
\*off 4th of July: make up June 29th Friday for both Car & Lecture  
\*Must be 16 and have permit by Monday June 25, 2018

**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: \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Insurance \_\_\_\_\_

Policy # \_\_\_\_\_ Allergies & Medications: \_\_\_\_\_

Medical/Behavioral issues related to driving: \_\_\_\_\_

**PAYMENT INSTRUCTIONS:**

ALL CHECKS/MONEY ORDERS SHOULD BE MADE PAYABLE TO: **CARMEL CENTRAL SCHOOL DISTRICT** (place in memo- Drivers Ed.)

**FOR OFFICE USE ONLY:**

Payment Information: \_\_\_ cash \_\_\_ check# \_\_\_\_\_ Date: \_\_\_\_\_