

CARMEL HIGH SCHOOL  
30 FAIR STREET  
CARMEL, NY 10512  
(845) 225-8441

DRIVER'S EDUCATION ORIENTATION – SPRING 2020

Students **MUST** attend this orientation along with a parent or guardian to be allowed in the program.

NO EXCEPTIONS

Orientation:

Tuesday, January 28, 2020 from 6:00 – 7:30 PM at Carmel High School Casey Hall.

Course Dates & Times:

Monday, February 3, 2020 – Friday, June 5, 2020

Lectures:

Thursdays 2:00 – 3:30 & 3:30 – 5:00

In Car:

Behind-the-Wheel time slots will be made available based on demand, but are typically  
2:00 PM – 3:30 PM, and 3:30 PM – 5:00 PM

Some Saturday morning car slots may be offered per demand.

**NO REFUNDS** are offered after the first class.

PLEASE NOTE: All registrations must be completed and handed in to Mrs. Zaccardi, CHS Main Office, by Friday, January 24, 2020 with check & **copy of permit**.

\*\* There will be 24 Hours of Mandatory Lecture held over sixteen - 90 minute sessions every Thursday from 2:00 – 3:30 PM or 3:30 – 5:00 PM. There will be 24 Hours of Mandatory Behind-the-Wheel Instruction held over sixteen – 90 minute sessions, once a week from 2:00 – 6:30 PM  
\*some Saturdays per demand.

The “BTW” in car portion consists of 18 hours of observations and 6 hours Behind the Wheel. The in-car student to teacher ratio is 4:1.

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

Carmel High School 30 Fair St. Carmel, NY 10512 (845)225-8441 X402

**COURSE COST: \$460**

**SESSION: (CIRCLE ONE):    SPRING    SUMMER 1    SUMMER 2    FALL**

**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 Assignment**

In- car times will be assigned on Monday - Thursday, between 2:00 PM –5:00 PM. You will choose this 1 ½ hour in-car slot and a lecture time at the mandatory orientation. This selection will be done on a first-receive/first served basis in the order that your application was received in the Driver Education office.

**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
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**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: \_\_\_\_\_