

**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: SPRING 2019

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

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

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: _____