HARRISON HIGH SCHOOL DRIVER EDUCATION PROGRAM
APPLICATION/CONSENT SLIP
255 Union Avenue, Harrison, NY 10528 (914) 630-3337

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

PERMIT/LICENSE NUMBER: _____　　_____
　　　　　　　(Required by Feb. 5, 2016)　　　　　　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.

( ) Monday _____　　( ) Tuesday _____　　( ) Wednesday _____

( ) Thursday _____　　　( ) Friday _____

| Select preference for |
| **Tuesday** lecture class |
| 2:45_____ |
| 4:15_____ |
| *5:45_____ |
| *Depending on enrollment |

Tuesday Lecture Class: Please check the box for lecture <u>time</u> preference. (Slots will be filled on a first come basis)

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 spring program starts during the week of February 8th and will be conducted for 16 weeks.
2) Fee for the program is $430. Please make check payable to **Harrison Central School District** and bring it with this completed application, signed by a parent or guardian, to the **Main Office**.
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 February 3rd at 2:45pm in the 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 _____　　CHECK # _____　　DATE _____
PR___　　　DA___　　　PU___　　　PA___