

**CHATHAM CENTRAL SCHOOL DISTRICT
SUMMER DRIVER EDUCATION PROGRAM
APPLICATION/PARENT PERMISSION SLIP**

My son/daughter, _____, has permission to participate in the Driver Education Certification Program at Chatham Schools from July 2, 2012 through August 10, 2012. I am aware that my son/daughter must be 16 years of age or older by July 2, 2012 and must make every attempt to attend scheduled classes in order to meet the required instructional and driving hours. If my family plans a family vacation or my child wishes to attend a summer sports camp that is scheduled to occur during driver education times, I will call for prior approval before paying the \$365 fee that is non-refundable after June 21, 2012. **I understand my child will have to make up any driving or classroom time missed to meet the required seat and driving time.**

The program consists of:

- A total of 6 hours of driving and 18 in-car observation hours within a six-week period.
- A total of 24 hours of lecture classes, three mornings per week in a six-week period.

Classroom "lecture" classes will be held Monday, Tuesday & Wednesday from 8:30-10:00 a.m. Driving classes are held in pre-arranged timeslots on Mondays through Thursdays and alternating Fridays (see below). Driving schedules will be finalized at the parent meeting on Thursday evening, June 21st.

Please number the driving times below **in order of preference (from 1 to 6)**:

Mon/Wed & E/O Friday 7-8:30 am _____ Tues/Thurs & E/O Friday 7-8:30 am _____
Mon/Wed & E/O Friday 10-11:30 _____ Tues/Thurs & E/O Friday 10-11:30 _____
Tues/Thurs & E/O Friday 11:30-1 _____ Mon/Wed & E/O Friday 11:30-1 _____

If a parent/student requests a particular timeslot, the instructor makes every effort to accommodate students' special circumstances but cannot guarantee a specific placement.

The behind-the-wheel portion of instruction teaches safe and lawful driving techniques, however, **the six hours provided during this course will not be sufficient to satisfactorily prepare the student for the NYS road test, nor will it make the student an accomplished driver. It is essential that parents provide practice driving time in addition to the driver education instruction.**

I have attached a check/money order payable to Chatham Central School in the amount of \$365 (or \$182.50 if paying in two installments, with the final payment of \$182.50 due by June 21, 2012). The fee is not refundable after that date.

Student's Name _____ Date of Birth _____

Student's Permit or License # (if available): _____

Home Phone # _____ Parent work/cell# _____ Student cell# _____

Parent's Name/Email Address: _____

Mailing Address AND 911 Street Address: _____

Another Emergency Contact Name & Phone # _____

My son/daughter has permission to participate in the Driver Education Certificate Program. I understand that full payment must be received by June 21, 2012 (NO REFUNDS after that date). The first class is a mandatory orientation session for students and parent(s) on Thursday, June 21, 2012 at **7:00 p.m.** in the CHS Library. This meeting counts toward student's class attendance.

Parent/Guardian's Signature

Date

**RETURN THIS FORM ALONG WITH PAYMENT TO THE
CCSD SUPERINTENDENT'S OFFICE
50 Woodbridge Avenue, Chatham, NY 12037**