

CHATHAM CENTRAL SCHOOL DISTRICT DRIVER EDUCATION PROGRAM

APPLICATION/PARENT PERMISSION SLIP ► FEB. 2019- JUNE 2019

My son/daughter has permission to participate in the Driver Education Certification Program at Chatham High School from February 5, 2019 through June 18, 2019. I understand that my son/daughter **must be 16 years of age or older by February 5, 2019** and must meet the required instructional and driving hours - a minimum of (16) 90-minute classroom and (16) 90-minute driving sessions.

Lecture classes will be held Tuesday evenings from 5:30-7:00 pm in CHS room 104. Driving classes are held on Tuesdays from 3:30-5:00 pm (limited space for 4 students on Tuesdays) **or** Saturdays in one and one-half hour time-slots at 8-9:30, 9:30-11, 11-12:30, 12:30-2.

Please number the driving time choices below **in order of preference (from 1 to 5)**:

Tuesdays 3:30-5:00 pm _____ Sat. 8-9:30 am _____, Sat. 9:30-11 am _____

Sat. 11am -12:30 pm _____ Sat. 12:30 pm -2:00 pm _____

*Every attempt will be made to accommodate your #1 or #2 driving time preference, but we cannot guarantee availability. **PLEASE NOTE: Popular drive times will be filled by students who submit a completed application and payment in full, by the order in which they are received.***

Attached is a check or money order for \$365 (or \$182.50 if paying in two installments, with the **final payment** of \$182.50 **due BEFORE the February 5th meeting**). I understand the fee is not refundable after Feb. 5, and that my child's registration is not complete until full payment has been made. **Make checks payable to Chatham Central School.**

Student's Name _____ Date of Birth _____

Student's Driver's Permit or License #: _____

Home Phone # _____ Parent cell# _____ Student cell# _____

Parent's Name: _____

Parent's Email Address: _____

Student's Mailing Address AND 911 Street Address: _____

Another Emergency Contact Name & Phone # _____

The first class is a mandatory orientation session for students and at least one parent on Tuesday, February 5th at 7:00 p.m. in the CHS Library. This meeting counts toward student's classroom attendance.

Parent/Guardian's Signature & Date

**RETURN THIS FORM ALONG WITH PAYMENT TO THE
CHATHAM DRIVER EDUCATION PROGRAM
Attn: Debi Layton – Chatham High School
50 Woodbridge Avenue, Chatham, NY 12037**