

**JOHN A. COLEMAN CATHOLIC HIGH SCHOOL DRIVER EDUCATION PROGRAM
APPLICATION/CONSENT SLIP**

430 Hurley Avenue, Hurley, NY 12443 (845) 338-2750

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 Sept 22 nd , 2017 Include copy of permit / license with application)			_____
			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 _____

Lecture Class: Wednesday Afternoon (May Change depending on teacher availability).

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 fall program starts during the week of September 25th, 2017 and will be conducted for 16 weeks.
- 2) Fee for the program is \$545. Please make check payable to **John A. Coleman Catholic High School**. You may either bring the **completed/signed application by a parent or guardian** to the **Main Office** at John A. Coleman or mail it to John A. Coleman Catholic High School Driver Education Program, 430 Hurley Avenue, Hurley, NY 12443.
- 3) Students must complete all requirements by the end of the semester.
- 4) **You must submit a copy of your permit with your application**
- 5) Payment is required with this application. **After 2 weeks from the start of the program NO refunds will be issued.**
- 6) **Course requirements, driving and lecture time assignments will be mailed to your home address by Wednesday September 20th, 2017.**
- 7) 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 _____