

**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 February 9 th , 2018 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 spring program starts during the week of February 12th, 2018 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 Friday February 9th, 2018.**
- 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 _____