

**BEACON CITY SCHOOL DISTRICT
DRIVER EDUCATION PROGRAM APPLICATION**

Beacon High School 101 Matteawan Road, Beacon, NY 10508 (845)838-6900 X3001

Fall Session 2019

Student Information – All fields must be completed. Please print legibly.

PRINT (FULL LEGAL NAME)

MALE () FEMALE ()

LAST FIRST MIDDLE DATE OF BIRTH

HOUSE/APT. NO STREET Cell PHONE

CITY STATE ZIP PARENT E-MAIL ADDRESS

PERMIT/LICENSE NUMBER (9 DIGIT # AT THE TOP OF LICENSE/PERMIT) ISSUE DATE

In-Car Driving Assignment (tentative)

Times available: Monday's 2:00-3:30 & 3:30-5:00 (time slots are given on a first come first served basis.)

1st Choice: _____ 2nd Choice: _____

Lecture (tentative)

Lecture will be held at BHS on Monday's from 5:30-7:00

Please return registration form to the main office before Friday, September 13th. There will be a mandatory orientation on Wednesday, September 18th in the LGI at 6:00 pm.

Parent/Guardian Information & Consent

I give my child permission to be enrolled in the aforementioned Driver Education program.

Parent/Guardian (Print name) Parent/Guardian (Signature) Date Parent's Cell Phone

EMERGENCY CONTACT/MEDICAL INFORMATION:

NAME: _____ Phone: _____ Alternate Phone _____

Doctor: _____ Phone: _____ Insurance _____

Policy # _____ Allergies & Medications: _____

Medical/Behavioral issues related to driving: _____

PAYMENT INSTRUCTIONS:

COURSE COST: \$495

ALL CHECKS/MONEY ORDERS SHOULD BE MADE PAYABLE TO: **BEACON CITY SCHOOL DISTRICT** (place in memo- Drivers Ed.)

FOR OFFICE USE ONLY:

Payment Information: ___ cash ___ check# _____ order turned in _____ Date: _____