

2024 Spring Driver Education Program at Beacon High School

Orientation: **Monday, January 29th, 2024 - 5:30 - 6:30 pm**

Course Start Date: **Monday, February 5th, 2024**

Course End Date: **Saturday, June 1st, 2024**

*End date may extend due to weather, or unseen closures.

No class:

- During Spring Break

Lecture: Held every Tuesday (90 minutes)

A) 2:30 - 4:00 pm

Everyone must attend

In car Behind-the-Wheel training: - (90 minutes)

Choose one time slot:

Mondays (1 Driver - 4 Students per Time Slot)

A) 2:30 - 4:00

Tuesdays (1 Driver - 4 Students per Time Slot)

A) 4:30 - 6:00

B) 6:00 - 7:30

Fridays (1 Driver - 4 Students per Time Slot)

A) 2:30 - 4:00

B) 4:00 - 5:30

C) 5:30 - 7:00

Saturdays (per demand)

A) As Needed - Times To Be Announced

B) As Needed - Times To Be Announced

Registration Closes: Friday, January 26th, 2024

First come - First seating choices for in-car time. Space is limited.

*Must be at least 16 years old by 2/2/24

*Must have valid NYS DMV Permit or Driver's License by 2/2/24

*All Lectures and In-car driving MUST be attended

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

SPRING Session 2023-24

Student Information – All fields must be completed. Please print legibly:
PRINT (FULL LEGAL NAME)

LAST FIRST MIDDLE DATE OF BIRTH

HOUSE/APT. NO STREET Cell PHONE

CITY STATE ZIP

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

Driving Day/Time Choice:

1st Driving Choice: _____ 2nd Driving Choice: _____

Parent Email for scheduling: _____

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: \$520

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

(place in

FOR OFFICE USE ONLY:

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