



# SACRED HEART HIGH SCHOOL

34 Convent Avenue • Yonkers, New York 10703 • Office 914-965-3114 • Fax 91-965-4510

## DRIVER EDUCATION PROGRAM APPLICATION/CONSENT SLIP

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 June 26, 2017) 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 \_\_\_\_\_ ( ) Saturday \_\_\_\_\_

**Lecture Class:** You will be assigned to a class (day/time determined by space and 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 Summer program starts July 7 and will end on August 25, 2017.
- 2) Fee for the program is \$500 for Sacred Heart students/ \$600 for Non-Sacred Heart Students. This application, signed by a parent or guardian, together with a check payable to **Sacred Heart High School Drivers Ed.** may be brought to the **Main Office** or mailed to Sacred Heart High School Driver Education Program, 34 Convent Ave, Yonkers, NY 10703  
**\*\*ATTENTION: DRIVER ED.**
- 3) Students must complete all requirements by the end of the semester
- 4) Payment is required with this application. After 2 weeks from the start of the program no refunds will be issued.
- 5) Course requirements and assignments will be provided at the mandatory 90-minute **Orientation on June 28, 2017 at 11 am in the Library.**
- 6) 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 _____ |
|----------|----------|----------|----------|