

**LAKELAND HIGH SCHOOL DRIVER EDUCATION PROGRAM  
APPLICATION/CONSENT SLIP**

1349 East Main Street, Shrub Oak, NY 10588 (914) 528-0600

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
<b>PERMIT/LICENSE NUMBER:</b> _____			_____
(Required by Feb 9 <sup>th</sup> , 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:** 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 spring program starts during the week of February 12<sup>th</sup>, 2018 and will be conducted for 16 weeks.
- 2) Fee for the program is \$510 **District students** / \$530 **Out of district**. The completed application, **signed by a parent of guardian**, together with a check payable to **Lakeland Central Schools** may be mailed to Lakeland Central School District Driver Education Program, 1086 East Main Street, Shrub Oak, NY, 10588. Attention: Mr. James Vandeveld. **Registration forms will NOT be accepted at orientation or at the high school. NO EXCEPTIONS.**
- 3) Students must complete all requirements by the end of the semester.
- 4) **Two weeks after the start of the program, no refunds will be issued. You must submit a copy of your permit with your application**
- 5) Course requirements and assignments will be provided at the mandatory 90-minute **Organizational meeting on Saturday January 27<sup>th</sup>, 2018 at 11:30 a.m. in the Lakeland H.S. Cafeteria.**
- 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 _____		