RYE HIGH SCHOOL DRIVER EDUCATION PROGRAM APPLICATION/CONSENT SLIP

1 Parsons Street, Rye, NY 10580 PH:(914) 967-6100

Todovio	Doto		
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		
			1		
Number	Street		Home Phone Student Cell Phone		
City	State	Zip Code	E-Mail Address		
PERMIT/LICENSE NUMBER	R:				
	(Required by Sept. 21, 2012)		Name of Full-Time High School		
<u>Driving Time</u> : Please indica	te your top 3 drivin ferred time (6:30 a.	g preference days by placi m., 3:00 p.m. or 4:30 p.m.	ture class each week for 16 weeks. ng a 1, 2 & 3 in the boxes below. Next to). Please be aware that student		
() Monday	_ () Tuesday () Wednesday				
() Thursday	_ () Friday				
Lactura Class: Vou will be s	secianed to a class	(day/time determined by s	pace and teacher availability).		
Parent/Guardian (Print Name	be enrolled in the		cation program. Cell Phone #		
EMERGENCY CONTACT IN	NFO:				
	Name		Phone #		
 3) Fee for the program check payable to Ry 4) Payment is required to Course requirements September 13th at 3 	d by September 2 rts during the week is \$500. The comp e City School Dis with this application. s and assignments 3:00pm in the Libr	of September 24 th and will eleted application, signed be trict may be brought in to After 2 weeks, all refunds for will be provided at the ma	Il be conducted for 16 weeks y a parent or guardian, together with a the Assistant Principal's Office. or the program will be prorated. ndatory 90-minute Orientation on		
DO NOT WRITE BELOW THIS	LINE. FOR OFFIC	E USE ONLY.			
ASSIGNED DRIVING TIMES	Day	Time	Teacher		
ASSIGNED LECTURE TIMES	Day	Time	Teacher		
PAYMENT	CHECK# _	DATE			
PR DA	PU	PA			