

EASTCHESTER HIGH SCHOOL DRIVER EDUCATION PROGRAM APPLICATION/CONSENT SLIP

580 White Plains Road, Eastchester, NY 10709

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	Student Email Required _____	
PERMIT/LICENSE NUMBER: _____				
(Required by February 8, 2019. Include copy of permit/license with the 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.

() Mon _____ () Tue _____ () Wed _____
 () Thu _____ () Fri _____ () Sat _____

Lecture Class Preference

Thurs.	Sat.
3:15PM _____	9:00AM _____
*4:45PM _____	10:30AM _____

*Subject to enrollment

Please indicate your top 3 lecture preferences by placing 1, 2 & 3 above.

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) _____	Parent/Guardian Email Required _____	Parent/Guardian Cell Phone _____
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EMERGENCY CONTACT INFO: _____
 Name _____ Phone _____

IMPORTANT INFORMATION- By Consenting To This Program, You Are Agreeing To The Information Below.

- 1) A permit is required by February 8, 2019 to participate in the program.
- 2) You must submit a copy of your permit, the signed attendance policy and payment with your application.
- 3) The spring program begins the week of February 11th and will be conducted for approximately 16 weeks.
- 4) Fee for the program is \$580.00. Please make check payable to **Eastchester Union Free School District** and submit it with the completed application, **signed by a parent or guardian** to the **Technology office located on the 2nd floor of Eastchester Middle School or mail to 550 White Plains Road, Eastchester, NY 10709 (Attn: Lisa Balsamo, Driver's Ed).**
- 5) Withdrawal from the Driver's Ed Program must be done within the first week of the program start date. After 1 week from the start of the program, no refunds will be issued.
- 6) Course requirements and assignments will be provided at the mandatory 90-minute **Orientation meeting on Tuesday, January 29th at 6:00 pm in the Eastchester High School Cafeteria. A parent should attend with the student.**
- 7) The driving instruction will be provided by PAS Auto School (914) 332-7700.
- 8) **Students must complete all requirements by the end of the Session which includes all driving / in-car sessions and lecture classes.** Any extenuating circumstances that prevent the completion of the course will be reviewed for disposition by the Eastchester Driver Education Program. The inability of a registered student to complete the Drivers Education program on time for any reason does not obligate Eastchester Driver Education program or PAS Auto School to provide refunds or additional classes to complete the course.
- 9) Any Certificates of Completion which need to be reissued will incur a \$50.00 processing fee.
- 10) All Driver Education students must adhere to the Eastchester High School Code of Conduct located at <http://ehs.eastchesterschools.org/m2/course/view.php?id=4917§ion=4>

Assigned Driving Times _____	Day _____	Time _____	Teacher _____
Assigned Lecture Times _____	Day _____	Time _____	Teacher _____
Payment _____	Check # _____	Date _____	
PR	DA	PU	PA

For Students To Be Better Prepared:

Prior to the start of the Driver Education Program, students should have some driving experience with a supervising driver age 21 or older who has a valid Driver's License to operate the vehicle the student is driving.

Eastchester High School's Driver Education Attendance Policy

The New York State Education Department requires that each student attend 24 hours of classroom instruction and 24 hours of in-car instruction. A passing grade on both the classroom lecture classes and the in-car instruction is required to successfully complete the driving program.

Failure to meet the 24 hours of classroom and 24 hours of in-car requirement will result in course failure and denial of your MV-285 (Completion Certificate) and insurance certificate.

Work and extracurricular activities are not acceptable excuses for missing your driver education lecture class or in-car session (driving and observation session).

- A maximum of two absences (2 lecture classes and 2 in-car session) are allowed but must be made up.
- More than two absences will result in dismissal from the program.
- All **lecture** absences to be made up must be scheduled with the lecture teacher and completed within 2 weeks of the absence.
- All **driving** absences must be scheduled for makeup with PAS Auto School (914-332-7700) within one week after the absence.
- **All makeups, lecture and in-car sessions, must be completed by the end of the Driver Education Program you are enrolled in. By the end of the program, you should have attended all 16 lecture classes and all 16 in-car sessions. There are no makeups beyond the program you are enrolled in.**
- Refunds will not be issued.

***Again, if lecture and driving absences are not made up and completed by the end of the program you are attending, you automatically fail the program.**

Do not let this happen to you!

Americans with Disabilities Act (ADA)

If you have a learning disability (IEP) or any physical limitations and wish to bring it to our attention, please notify the Eastchester Driver Education Office.

I carefully read and understand Eastchester High School's Driver Education Attendance Policy.

This form must be submitted with the application.

Student Name (Print) _____

Student Signature _____

Date _____

Parent Name (Print) _____

Parent Signature _____

Date _____