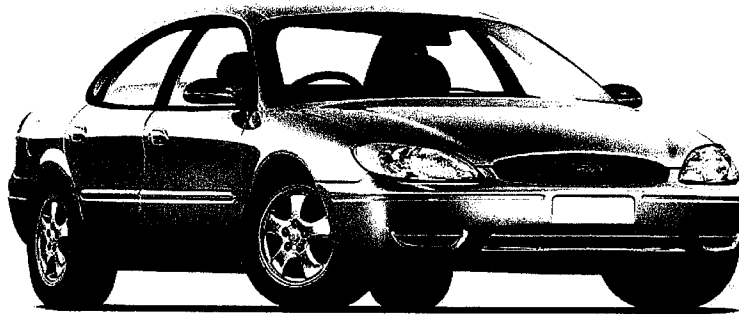


HARRISON HIGH SCHOOL
255 UNION AVENUE, HARRISON, NY 10528 (914) 630-3337

DRIVER EDUCATION



SUMMER PROGRAM

**LEARN TO DRIVE SAFELY
SENIOR DRIVING PRIVILEGES AT 17
LOWER INSURANCE PREMIUMS***

***CALL YOUR COMPANY FOR DETAILS**

**APPLICATIONS AVAILABLE
IN THE MAIN OFFICE
OR ON
SCHOOL WEBSITE**

EARLY REGISTRATION MEANS BEST CHOICE OF TIMES!

ORIENTATION: Wednesday, June 12, 2019 @ 2:45PM in the HPAC

TOTAL COST: \$440.00

HARRISON HIGH SCHOOL SUMMER DRIVER EDUCATION PROGRAM

HARRISON HIGH SCHOOL APPLICATION/CONSENT SLIP

255 Union Avenue, Harrison, NY 10528 (914) 630-3337

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 your Junior to Senior License

			Male () Female ()
Last	First	Middle	Date of Birth
Address			Home Phone / Student Cell Phone
City	State	Zip Code	E-Mail Address
PERMIT/LICENSE NUMBER: _____			_____
(Required by June 28 th , 2019—Include copy of permit / license with application)			Name of Full-Time High School

DRIVING PREFERENCES

SUMMER PROGRAM CONSISTS OF:

- Sixteen (16) 90-minute driving and sixteen (16) 90-minute lecture sessions. **July 1st through August 16th**
- Classes are held Monday through Friday – **YOU MUST BE AVAILABLE ALL FIVE DAYS**

Please indicate the top 3 Driving Preference times by placing a (1, 2 & 3) in the lines below.
Schedule will depend on the order in which application is received.

7:00 A.M. _____ 8:30 A.M. _____ 10:00 A.M. _____ 11:30 A.M. _____
1:00 P.M. _____ 2:30 P.M. _____ 4:00 P.M. _____ 5:30 P.M. _____

Lecture Class: Please check the box for lecture time preference.

Select Preference for LECTURE Class:
8:30 am _____
*10:00 am _____
*Depending on Enrollment

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) _____ Phone Number _____

EMERGENCY CONTACT INFO: _____
Name _____ Phone Number _____

IMPORTANT INFORMATION

- 1) **A permit is required by June 28th, 2019.**
- 2) Fee for the program is \$440. Please make check payable to **Harrison Central School District** and bring it with this completed application, **signed by a parent or guardian**, to the **Main Office**. Payment is required with this application **BY MONDAY, JUNE 24th, 2019**. After 1 week from the start of the program, no refunds will be issued.
- 3) Students must complete all requirements by the end of the semester.
- 4) Course requirements and assignments will be provided at the mandatory **Orientation on Wednesday, June 12, 2019 at 2:45PM in the HPAC.**

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 _____