DOBBS FERRY HIGH SCHOOL DRIVER EDUCATION PROGRAM APPLICATION/CONSENT SLIP

505 Broadway, Dobbs Ferry, NY 10522 (914) 693-1500, x3148

Todav's	Doto:	
Touavs	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 NUM	BER:		
	(Required by Feb	o. 9, 2018)	Name of Full-Time High School
The program consists of	of 90 minutes of driving	ng and 90 minutes of lec	ture class each week for 16 weeks.
	earliest time you can st		ng a 1, 2 & 3 in the boxes below. Next to are that student registration priority and
() Monday	() Tuesday	() W	ednesday
() Thursday	() Friday _	() \$	Saturday
Lecture Class: Choose	Tuesdavs. 3:45 p.m. –	5:15 p.m. or Saturdays, 8:	30 a.m. – 10:00 a.m
		tration to register and pay	
	NUNECOMATION	AND CONCENT	
PARENT/GUARDIA I give my child permissio		forementioned driver edu	cation program.
Parent/Guardian (Print N	ame) Parent/	Guardian (Signature)	Cell Phone #
EMERGENCY CONTAC			
MADODTANIT INCOD	Name		Phone #
IMPORTANT INFOR		040	
	uired by February 9, 20	ชา ธ. ry 12 th and will be conduct	ad for 16 wooks
			ed for To weeks. dication. Mail completed and signed
			ry UFSD, 505 Broadway, Dobbs Ferry,
NY 10522, Atter			., 0. 02, 000 2.000.00, 20000 . 0,
4) Course requirem	ents and assignments		ndatory 60-minute Orientation on
Friday, Februar	y 2, 2018 at 5:00 p.m.	in the Commons of the I	Dobbs Ferry Middle/High School.
Driving instruction	n is provided by PAS A	uto School (914) 332-770	0.
DO NOT WRITE RELOW T	THIS LINE FOR OFFICE	LUSE ONLY	
DO NOT WRITE BELOW 1		OSE ONLT.	
ASSIGNED DRIVING TIME	S Day	Time	Teacher
ASSIGNED LECTURE TIM	ES	Timo	Togehor

CHECK # ______

PA___

PU___

DATE _____

PAYMENT _____

DA____