DOBBS FERRY HIGH SCHOOL DRIVER EDUCATION PROGRAM
WINTER/SPRING 2019 APPLICATION/CONSENT SLIP
505 Broadway, Dobbs Ferry, NY 10522 (914) 693-1500, x3148

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

PERMIT/LICENSE NUMBER: _____   _____
(Required by February 8, 2019)   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 _____   ( ) Saturday   _____

Lecture Class: Choose Tuesdays, 3:30 p.m. – 5:00 p.m

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) **A permit is required by February 8, 2019.**
2) The program starts the week of February 11th, 2019 and will be conducted for 16 weeks.
3) Fee for the program is $500.00. Payment is required with this application. Mail completed and signed application, along with payment (credit card authorization on back of application), to: **Dobbs Ferry UFSD, 505 Broadway, Dobbs Ferry, NY 10522, Attention: HRCE.**
4) Course requirements and assignments will be provided at the *mandatory* 60-minute **Orientation on Monday, February 4, 2019 at 4:30 p.m. in the Dobbs Ferry Middle/High School cafeteria.**
5) 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___

Credit Card Authorization Form

Please complete all fields.

Credit Card Information
Card Type: ☐ MasterCard   ☐ VISA   ☐ Discover
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
CCV Code: _____
Credit card billing address: _____

I, _____, authorize Dobbs Ferry UFSD – HRCE to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

_____   _____
Customer Signature   Date