

DOBBS FERRY HIGH SCHOOL SUMMER DRIVER EDUCATION PROGRAM

DOBBS FERRY HIGH SCHOOL 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 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 06/28/19. Include copy with application or as soon as acquired.)			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 - August 16th**
- Classes are held Monday through Friday on a rotating A & B schedule (one day lecture, from 8:00 a.m. to 9:30 a.m. / one day driving) - **YOU MUST BE AVAILABLE ALL FIVE DAYS**

Please indicate the top 3 time slots that you are available for driving lessons (1, 2 and 3). Schedule will depend on teacher availability and 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. _____

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) The summer 2019 program starts on July 1st and will be conducted for 7 weeks.
- 2) 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 - HRCE, 505 Broadway, Dobbs Ferry, NY 10522.**
- 3) **You must submit a copy of your permit with your application or as soon as acquired prior to 06/28/19.** Course requirements and assignments will be provided at the *mandatory* 60-minute **Orientation on Wednesday, June 26, 2019 at 5:00 p.m. in room 107 of the Dobbs Ferry Middle School.**
- 4) 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: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> 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