

After School Site: Select One	( ) Lyman	( ) Seminole	( ) Winter Springs
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## DRIVER EDUCATION PM STUDENT APPLICATION

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 (Please Print) Last First MI

Florida Student Number \_\_\_\_\_ Grade \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of current school \_\_\_\_\_

Florida Learner's License # \_\_\_\_\_

**Students MUST have a valid Florida Learner's License to apply for the After School program.** Student driver licenses will be tracked to determine the effectiveness of the program for teen drivers. Students not appearing for the first day of Driver Education will be dropped from the class.

**This form must be turned in to your home school no later than August 23, 2010**

**This is a semester course (August 30- December 15, 2010) Please note that enrollment in this course may conflict with extracurricular activities. No absences are allowed.**

Rank order by preference (1<sup>st</sup>/2<sup>nd</sup> choice). If you are not available M/W or T/TH, do not select it as one of your preferences:

Monday and Wednesday Class \_\_\_\_\_ Tuesday and Thursday Class \_\_\_\_\_  
 3:15 - 5:15 PM 3:15-5:15 PM

\_\_\_\_\_ I am available for either the M/W or T/TH class

**Emergency Contacts:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Signature of Approval:** \_\_\_\_\_  
 (Parent/Guardian)

\*Note: Any student who is not in attendance in Seminole County Public Schools during the 2009-2010 school year must submit a letter from his/her Principal or Headmaster stating that this course will be used for promotion or acceleration in order to be enrolled.

\*\* **Transportation is not provided.**

**For school use - Date received:** \_\_\_\_\_ (Green Stock)