

**ARCHBISHOP STEPINAC HIGH SCHOOL DRIVER EDUCATION PROGRAM  
APPLICATION/CONSENT SLIP**

950 Mamaroneck Avenue, White Plains, NY 10605 (914) 946-4800

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
<b>PERMIT/LICENSE NUMBER:</b> _____			_____
(Required by September 22 <sup>nd</sup> include copy of permit / license with application) 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:** You will be assigned to a class (day/time determined by space and teacher availability).

**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) The fall program starts Monday September 25<sup>th</sup> and will be conducted for 16 weeks.
- 2) Fee for the program is \$590. Please make check payable to **Archbishop Stepinac High School** and mail it with the **completed/signed application by a parent or guardian** to Archbishop Stepinac H.S. Driver Education Program, 950 Mamaroneck Avenue, White Plains, NY 10605
- 3) **You must submit a copy of your permit with your application**
- 4) Students must complete all requirements by the end of the semester
- 5) **Payment is required with this application. After 2 weeks from the start of the program, no refunds will be issued.**
- 6) Course requirements, driving and lecture time assignments will be provided at the mandatory 90-minute **Orientation on Monday September 18<sup>th</sup>, 2017 in the HS Cafeteria.**
- 7) 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 \_\_\_\_\_