

DRIVERS EDUCATION REGISTRATION

For more INFORMATION go to: www.bsd44.org High School Page, then the Drivers Ed Tab

Student's **FULL LEGAL NAME** as it appears on birth certificate

_____ Date of Birth _____

ADDRESS (# street, city, state, zip)

Name of your school _____

Grade you are in: 8th 9th 10th 11th 12th

Student ID _____

Session you are registering for

- | | |
|---------------------------------|----------------------------------------|
| <input type="checkbox"/> Fall 1 | <input type="checkbox"/> Spring/Summer |
| <input type="checkbox"/> Fall 2 | <input type="checkbox"/> Summer 1 |
| <input type="checkbox"/> Winter | <input type="checkbox"/> Summer 2 |
| <input type="checkbox"/> Spring | |

Parent/Guardian Names

Parent/Guardian Email Address

1st phone number, who/what (example: 388-XXXX, home)

2nd phone number, who/what (example: 539-XXXX, mom/cell)

3rd phone number, who/what (example: 539-XXXX, dad/cell)

Signing this registration form signifies the understanding/acceptance of traffic education program policy and procedure regarding attendance, refunds, and general program operation (Policy #2163).

- I understand that enrollment is based on age with priority given to the older students.
- I understand that an enrollment fee of \$300.00 is due upon acceptance into Drivers Education and must be paid prior to the Fees due date listed on the information sheet.

Parent/Guardian Signature _____ Date _____