

<i>After School Site:</i> <i>Select One</i>	() Lyman M/W	() Seminole T/TH		() Winter Springs T/TH
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AFTER SCHOOL DRIVER EDUCATION STUDENT APPLICATION

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

Florida Student Number _____ Grade _____

Name of Parent/Guardian _____

Address _____

Cell Phone _____ Email Address _____

Name of current school _____

Please indicate if the student has an IEP _____ 504 Plan _____

Florida Learner's License # _____

Students MUST have a valid Florida Learner's License on the first day of the After School program.

Upon successful completion of the course, students receive .5 high school credit. Indicate below if you are requesting to take the course with the Pass/Fail grading option.

Pass/Fail _____

**This form must be turned in to the guidance office at your home school no later than
August 17, 2017.**

This is a semester course. Please note that enrollment in this course may conflict with extracurricular activities. No absences are allowed.

Emergency Contacts:
 Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Signature of Approval: _____
 (Parent/Guardian)

**** Transportation is not provided.**

For school use - Date received: _____	(Green Stock)
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