

<i>After School Site:</i> <i>Select One</i>	() Lyman	() Seminole	() Winter Springs
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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 _____

Home Phone _____ Work Phone _____ Cell Phone _____

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 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 the guidance office at your home school no later than
January 13, 2017.**

This is a semester course (January 23-May 10) Please note that enrollment in this course may conflict with extracurricular activities. No absences are allowed.

Rank order by preference (1st/2nd 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)

**** Transportation is not provided.**

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