PUTNAM VALLEY HIGH SCHOOL

146 Peekskill Hollow Rd., Putnam Valley, NY 10579 (845) 526-7847

DRIVER EDUCATION



SPRING PROGRAM

LEARN TO DRIVE SAFELY SENIOR DRIVING PRIVILEGES AT 17 LOWER INSURANCE PREMIUMS*

*CALL YOUR COMPANY FOR DETAILS

APPLICATIONS AVAILABLE IN THE MAIN OFFICE OR SCHOOL WEBSITE

EARLY REGISTRATION MEANS BEST CHOICE OF TIMES!

ORGANIZATIONAL MEETING: Wednesday, February 6th @ 4:00pm Room 214

TOTAL COST: \$525.00

PUTNAM VALLEY HIGH SCHOOL DRIVER EDUCATION PROGRAM APPLICATION/CONSENT SLIP

146 Peekskill Hollow Road, Putnam Valley, NY (845) 526-7847

Student's Name, Address, Date of Birth and Permit/License # MUST BE EXACTLY as they appear on the permit/ license. The DMV will NOT Convert your Junior License to a Senior License if this information is not correct.

			Male () Female ()
ı			,
Last	First	Middle	Date of Birth
			,
Number	Street		Home Phone Student Cell Phone
Ttamos.	C		10
City	State	Zip Code	E-Mail Address
— <u>—</u>	Siale	ZIP OOGO	L-IVIAII Addi 000
PERMIT/LICENSE NUMBER	! :		
(Required by February 8 th —ir	_	nit / license with application)	Name of Full-Time High School
DRIVING PREFERENC			
			driving preference days (1, 2 & 3) plus
			rill be assigned to a driving class.
Lecture times will be assigned. Driving and lecture sessions are 90 minutes each and will be conducted for approximately 16 weeks from the start of the program. Please be aware that student registration priority and			
approximately 16 weeks from teacher availability may limit	•	gram. Please be aware mar s	tudent registration priority and
() Monday	() Tuesday _	Wednesday	y LECTURE Class at 2:45PM
() Thursday	/ \ Friday	() Saturo	
() IlluiSuay	, () FIIWAY _	(<i>)</i> Outon	day
PARENT/GUARDIAN INFORMATION AND CONSENT			
		aforementioned driver educatio	on program.
Parent/Guardian (Print Name	Parent/	/Guardian (Signature)	Date
PalenivGuarulan (i init i a)	Guardian (Signature)	Date
EMERGENCY CONTACT IN			
······································	Name		Phone
IMPORTANT INFORMA		- 148 0040 - H. WILL	10 10
		February 11th, 2019 and will be	
		lication, signed by a parent or	Valley Central School District and
		ication, signed by a parent or i	
			start of the program, no refunds
will be issued.	1 With time separation	HUIL AILUI & HOULD	Start of the program, no recurre
4) Students MUST complete all requirements by the end of the semester.			
5) Course requirements and assignments will be provided at the mandatory Organization Meeting on			
Wednesday, February 6th at 4:00pm in Room 214.			
/	1 2	uto School (914) 332-7700.	
DO NOT WRITE BELOW THIS	LINE. FOR OFFICE	USE ONLY.	
ASSIGNED DRIVING TIMES	Day	Time	Topohor
	Day	Time	Teacher
ASSIGNED LECTURE TIMES	Day	Time	Teacher
PAYMENT	CHECK #	DATE	

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