

St. Mary's High School School Winter 2017 Driver Education Permission / Registration Form

PLEASE PRINT CLEARLY!!

This information will be used to complete your certificate, be sure it is correct!

Last Name: _____ First Name: _____
(Full Name)

Number / Address: _____

City / Town: _____ Zip Code _____

Email Address: _____

Home Phone: _____ Daytime Phone: _____

Date of Birth: _____ / _____ / _____ Note: Must be 16 years of age
Mo. Day Yr.

* Permit 9 Digit ID# _____

** A Clear Photocopy of your Permit or License must be mailed along with this registration form.*

*** If you do not have your permit at this time . . . be sure to*

bring it in the First day of class and submit it to your CLASSROOM Instructor

Your "Blue Card" will not be issued unless you submit the copy.

ABSOLUTELY NO 5-Hour certificates will be issued.

Mail to:

St. Mary's High School, Attn: Driver Ed Program, 142 Laverack Ave., Lancaster, NY 14086

I, _____, give my son / daughter, _____,
Parent Print Name Student Print Name

Permission to attend the Driver Education Program conducted at
St. Mary's High School during the Winter 2017 semester.

_____/_____/_____
Parent Signature Student Signature Date

Refund Policy:

Should the student withdraw or be dismissed after the second session, refunds will not be issued.

School Office:

Place the consecutive number of this registration as it is received along with payment information below:

Payment: Check # _____ Amount: \$ _____ Date Received: ____/____/____ # _____