

# Driver Education

**Offered at Archbishop Stepinac High**

**950 Mamaroneck Ave., White Plains, NY 10605**

## Fall Program

**Great Choices!**

**Saturday Driving & Lecture or  
Weekday After-School Classes**

- **Insurance Discount\***
- **Senior License at 17**
- **Become a Safe Driver**
- **N.Y.S. Approved Program**

**\*check with your insurance company**



**OPEN TO  
SCARSDALE  
HIGH  
SCHOOL  
STUDENTS**

**Orientation for the Fall Program: September 27, 2011  
at 3:00pm in the Cafeteria**

**Student Must Be At Least 16 Years Old By October 1, 2011  
Early Registration Means Best Choice of Times  
Application Available on Archbishop Stepinac Website**

**ARCHBISHOP STEPINAC HIGH SCHOOL DRIVER EDUCATION PROGRAM  
APPLICATION/CONSENT SLIP**

950 Mamaroneck Avenue, White Plains, NY 10605 (914) 946-4800

Today's Date: \_\_\_\_\_

**Student's Name, Address, Date of Birth and Permit/License # MUST BE EXACTLY as on the permit/ license otherwise the DMV will NOT Convert Junior-to-Senior License.**

			Male ( ) Female ( )
Last	First	Middle	Date of Birth
			/
Number	Street		Home Phone / Student Cell Phone
City	State	Zip Code	E-Mail Address
<b>PERMIT/LICENSE NUMBER:</b> _____			_____
(Required by October 1, 2011)			Name of Full-Time High School

**The program consists of 90 minutes of driving and 90 minutes of lecture class each week for 16 weeks.**

**Driving Time:** Please indicate your top 3 driving preference days by placing a 1, 2 & 3 in the boxes below. Next to the number, indicate the earliest time you can start driving. Please be aware that student registration priority and teacher availability may limit some choices.

( ) Monday \_\_\_\_\_ ( ) Tuesday \_\_\_\_\_ ( ) Wednesday \_\_\_\_\_  
 ( ) Thursday \_\_\_\_\_ ( ) Friday \_\_\_\_\_ ( ) Saturday \_\_\_\_\_

**Lecture Class:** You will be assigned to a class (day/time determined by space and teacher availability).

**PARENT/GUARDIAN INFORMATION AND CONSENT**

I give my child permission to be enrolled in the aforementioned driver education program.

Parent/Guardian (Print Name) \_\_\_\_\_ **Parent/Guardian (Signature)** \_\_\_\_\_ Cell Phone # \_\_\_\_\_

EMERGENCY CONTACT INFO: \_\_\_\_\_  
 Name \_\_\_\_\_ Phone # \_\_\_\_\_

**IMPORTANT INFORMATION**

- 1) A permit is required by October 1<sup>st</sup>, 2011.
- 2) The fall program starts October 1<sup>st</sup> and will be conducted for 16 weeks.
- 3) Fee for the program is \$525. Please make check payable to **Archbishop Stepinac High School** and mail it with the **completed/signed application by a parent or guardian** to Archbishop Stepinac H.S. Driver Education Program, 950 Mamaroneck Avenue, White Plains, NY 10605
- 4) Payment is required with this application. After 2 weeks, all refunds for the program will be prorated.
- 5) Course requirements, driving and lecture time assignments will be provided at the mandatory 90-minute **Orientation on September 27<sup>th</sup> at 3:00pm in the Cafeteria.**
- 6) Driving instruction is provided by PAS Auto School (914) 332-7700.

**DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY.**

ASSIGNED DRIVING TIMES	_____ Day	_____ Time	_____ Teacher
ASSIGNED LECTURE TIMES	_____ Day	_____ Time	_____ Teacher
PAYMENT _____	CHECK # _____	DATE _____	
PR _____	DA _____	PU _____	PA _____