# St. Mary's High School  Summer 2019 Driver Education

## *Permission / Registration Form*

### Please <u>Print</u> 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:_____Secondary Phone:_____**

**Date of Birth:____/____/_____** ***Note: Must be 16 years of age with Drivers***
***Mo. Day Yr.*** ***Permit at the start of program.***

***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 on 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 with this course (but may be offered separately).**

**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 Summer 2019 semester.**

**_____ / _____ ____ / ____ / ____**
***Parent Signature*** ***Student Signature*** ***Date***

**Refund Policy:**
***Should the student <u>withdraw</u> or <u>be dismissed</u> after the <u>first classroom session</u>, refunds will not be issued.***

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

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