

# St. Mary's High School Spring 2018 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  
5-Hour certificates will be issued with this course  
(but will 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 Spring 2018 semester.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent Signature Student Signature Date

## Refund Policy:

*Should the student withdraw or be dismissed after the second session, 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: \_\_\_\_/\_\_\_\_/\_\_\_\_ # \_\_\_\_\_  
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