



NYS DRIVER EDUCATION CLASS REGISTRATION

NAME _____

ADDRESS _____

DOB _____ *Must be 16 years old to begin classes*

PHONE home _____ cell _____

AMOUNT ENCLOSED (\$75 deposit required) _____

WEEKLY PAYMENT PLAN (\$50/week after deposit) Yes _____ No _____

DRIVING TIME PREFERENCE (if available) 2:30-4:00 _____ 5:30-7:00 _____

I give my child permission to take part in the theory and driving classes offered by the Holy Cross Academy Driver Education Program. I understand that students must complete a total of 24 hours of class time and 24 hours of driving time to receive certification, and that they may be charged for additional make up classes.

PARENT SIGNATURE _____ **DATE** _____

Space is limited! For more information call 315-363-1669