



NYS DRIVER EDUCATION CLASS REGISTRATION

STUDENT NAME: _____ DMV PERMIT OR LICENSE: _____

ADDRESS AS APPEARS ON PERMIT OR LICENSE:

DOB: _____ *must be 16 years old to begin classes*

PHONE home _____ student cell _____

PARENT(S) NAME _____

PARENT(S) CELL _____

PARENT(S) EMAIL _____

FULL PAYMENT ENCLOSED (\$475) Yes _____ No _____

AMOUNT ENCLOSED (\$75 deposit required) _____

Optional payment plans available, please ask.

DRIVING TIME PREFERENCE (if available) 2:00-3:30 ____ 5:00-6:30 ____ (Theory 3:30-5:00)

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