

LONGWOOD CENTRAL SCHOOL DISTRICT DRIVER'S EDUCATION PROGRAM PERMISSION SLIP

Fine Arts Office # 631-345-2960

****PLEASE BRING THIS FORM AND A PHOTOCOPY OF YOUR PERMIT TO THE FIRST DAY OF CLASS****

Student's Name _____ Birthdate _____

Home Address _____

City _____ Zip _____

Student's Phone number _____ Parent's Phone number _____

Email Address _____

Circle One: Male Female

Any special conditions or adaptations needed?
(Information is confidential on a "need to know" basis) _____

Student Agreement: I will agree to comply with the class rules, course requirements, and other reasonable expectations of the instructor. I have checked the course schedule on the district website and can attend all lecture and driving sessions.

Student Signature _____ Date _____

Parent/Guardian Agreement: My son/daughter will be 16 years old by the first day of registration, and I wish to enroll him/her in the driver education program. I am aware of the \$210.00 fee. I hereby grant my child permission to participate in behind-the-wheel instruction on and off of Longwood property.

Parent/Guardian Signature _____ Date _____