

Grand Island Driver Education ~ SPRING 2019
O'Day's Driving School
Permission / Registration Form

PLEASE PRINT CLEARLY. This information will be used to complete your certificate. Be sure it is correct!

Last Name: _____ First Name: _____ Middle Initial: _____
Name & address must match permit/license exactly

Number / Address: _____

City / Town: _____ Zip Code: _____

Parent email Address: _____

Home Phone: _____ Daytime Phone: _____
(PLEASE INCLUDE PHONE NUMBER)

Date of Birth: ____/____/____ Note: Must be 16yrs. old and have permit by **April 29, 2019**
Mo. Day Yr.

* Permit 9 Digit ID# _____

* A Clear Photocopy of your Permit or License must be submitted along with this registration form.

** If you do not have your permit at this time... be sure to bring it on the first day of class and submit it to your CLASSROOM Instructor. You must have a NYS permit in order to participate in the program.

Your "MV-285/Blue Card" will not be issued unless you submit the copy.

I, _____, give my son /daughter, _____,
Print Parent Name Print Student Name

permission to attend the Driver Education Program conducted at Grand Island Central School during the Spring 2019 session.

_____/_____/_____
Parent Signature Student Signature Date

1. Please complete this registration page in full
2. Attach Clear Photocopy of Permit / License
3. Mail or Deliver Registration, Copy of Permit/License and Check in the amount of \$450.00 payable to "Grand Island Central School District" no later than **Monday, April 8, 2018**. This should be submitted to the HS Main Office no later than 3PM.
4. If a student is taking an afternoon BOCES program or if they are in an after school sports or activity there *may* be a conflict. Please see Mr. Julian with questions.

Refund Policy:

No refunds will be given after April 17, 2019

School office use only: Payment: Check # _____ Amount: \$ _____ Date Received: ____/____/____