

Grand Island Central School District – Driver Education Program

February 6, 2024 – June 8, 2024

Permission/Registration Application

PLEASE PRINT CLEARLY. This information will be used to complete your Certificate of Completion. 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: _____

Parent Cell Number: _____ Student Cell Phone Number: _____

Date of Birth: _____ / _____ / _____ Note: Must be 16yrs. old and have permit by **February 6, 2023**
Mo. Day Year

Permit 9 Digit ID# _____

****Attach a clear photocopy of permit / license****

In-Person Classroom Instruction (Every Thursday, February 8, 2024 – June 6, 2024 from 3:15 – 4:45 pm)

Students are required to attend all 16 sessions of in-person classroom instruction (HS location TBD).

Students may have no more than 2 absences, and absences will only be allowed due to medical needs or unavoidable emergencies. Make-up classes are required for any absence.

No classroom session on Thursday, February 22, 2024 and Thursday, April 4, 2024 due to holiday recess

Driving Instruction (February 6, 2024 – June 8, 2024)

STUDENTS MUST BRING THEIR DRIVERS LICENSE/PERMIT TO EVERY LESSON OR THEY ARE UNABLE TO DRIVE.

Students are required to attend all 16 sessions of behind the wheel instruction for this program. **Any missed session is required to be made up and will incur a \$50 fee for each missed driving session.** Failure to make up a missed session will prevent a student from obtaining the MV-285 Student Certificate of Completion. Please list your preference below, it will be on a first-come, first-serve basis. We cannot guarantee your request will be honored.

No driving instruction on Friday, March 29, 2024 – Monday, April 8, 2024 due to spring recess.

Circle one preferred day	Tuesday	Wednesday	Thursday	Friday	Saturday
Circle two preferred timeslots for the	2:50-4:20pm	2:50-4:20pm	4:50-6:20pm	2:50-4:20pm	9:00-10:30am
driving instruction (1 st choice, 2 nd choice)	4:30-6:00pm	4:30-6:00pm	6:30-8:00pm	4:30-6:00pm	10:40-12:10pm
<i>Please write any requests, conflicts, or notes</i>	6:10-7:40pm	6:10-7:40pm		6:10-7:40pm	12:40- 2:10pm
<i>on the back of this application.</i>					2:20- 3:50pm

You must have a valid **New York State** permit or license in order to participate in the program.

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

permission to enroll the Driver Ed Program conducted at Grand Island Central School for the Spring 2024 session.

The signatures below acknowledge that you have read and understand the information stated on this registration application.

Parent Signature Student Signature _____ / ____ / ____
Date

1. The Registration Application, Copy of Permit/License, and Check in the amount of \$735 payable to:
“**Grand Island Central School District**” is due by no later than **Friday, January 19, 2024** by 2:30 pm.
Checks will be deposited within a week the Driver Ed program starts.

2. The Registration Application and payment can be dropped off at the high school main office to Mrs. Ziehm or
mail payments to: Grand Island High School * Attn: Mrs. Ziehm * 1100 Ransom Road * Grand Island * NY * 14072

Refund Policy: No refunds will be given after February 2, 2024

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