

30 Hour Driver Education Classroom Application (Please turn into office)*Name (Please print your full name as it appears on your birth certificate.)*

First _____ Middle _____ Last _____

Address _____

City _____ County _____ State _____ Zip _____

Home Phone() _____ Cell Phone() _____ Alt. # _____

Email: _____

School Name: _____

Birth Date: _____ Current Grade: _____

I am at least 14 ½ years old Yes NoHave you been enrolled in a Driver Education Class before? Yes NoI understand that in order to be eligible for the Behind the Wheel portion of Driver Education I need to be passing 70% of my academic classes. I also understand in order to keep a permit or license that I must pass 70% of my academic classes each semester. Yes NoI currently have a 504 plan on file at my school. Yes NoI currently have an IEP plan on file at my school. Yes No

Cost of Driver Education for Wilkes County Students is currently \$65. Please understand this is nonrefundable unless the student has an extenuating circumstance (ex. Sickness requiring a doctor note, death in family etc.) A refund request must occur within 5 days of the end of class. **Please make check to the school or pay cash at the Parent Night Meeting to be announced.**

Student Signature _____ Date _____

Parent Signature _____ Date _____