

Driver's Education Class

Winter 2020

***** This class will be capped at 45 students.*****

There will be a Driver's Education Class conducted this Fall beginning on **January 11th** at Hamilton High School. There will be a limit of 45 students enrolled in the class this Winter. Eligibility requirements for Driver's Education will be as follows:

- Applicant must be 14 ½ years old as of the **11th of January**.
- Students must attend ALL in class sessions (7:30-8:30 Mondays), Google Classroom Assignments and all assigned drives (TBA).
- Program cost is **\$300.00**, paid by the 14th of January in the HHS office. **No Refunds!**
- A **MANDATORY** parent meeting will be held virtually on January 5th at 6:00 via Zoom.

Students will be chosen first by grade level, then by birth dates.

If your student meets the above age limit, can meet the program requirements, and has your permission to participate in Traffic Education, please fill out the form below, detach the lower portion of the form, and return it to **The Office** at Hamilton High School, by **3:30 pm on DECEMBER 21st**. Please begin to organize your child's birth certificate, and social security card.

The course will consist of morning classes running January through March and afternoon/Saturday driving, through March. Your student will receive a driving calendar at the parent meeting, and it will be posted to Mr. Bonnes's website via hsd3.org.

Keep the above portion! *Incomplete forms will not be considered!!!!*

*******PLEASE MAKE SURE THE BOTTOM IS FILLED OUT LEGIBLY, AS THE INFORMATION CONTAINED BELOW IS HOW I WILL COMMUNICATE WITH YOU!!! UNREADABLE FORMS WILL RESULT IN FORFEITURE OF POSSIBLE SPOT. A CONFIRMATION EMAIL WILL BE SENT WITHIN TWO DAYS OF RECEIPT OF APPLICATION.*******

My child, _____, has permission to participate in *Mr. Bonnes's* Driver Education Class.

My child's Date of Birth is: Month _____ Day _____ Year _____

Current grade level _____ School Attending _____

Contact Information: *(Please write clearly, as this will be my means of contacting you!)*

Phone number(s): Home: _____ Cell: _____ Work: _____

Email address: _____

Optional: Student Cell # _____

Parent/Guardian Names: _____ *(Give family name if different from your child.)*

My child's address is: _____ *(physical address)*

Please sign below.

Parent/Legal Guardian Signature

Date

Student Signature

Date