



# Summer School 2018 Driver Education Application

Students **MUST** bring a valid driving permit the first day of the Summer School semester they wish to attend. Students not appearing the first day of Driver Education will be dropped from the class. If they wish to re-enroll they will be placed at the bottom of the waiting list. **Upon successful completion of this course student will receive high school credit. (0.5 credit) Indicate below if you are requesting to take this course with the pass/fail grading option.** This form must be turned in to your home school no later than **Friday, April 20, 2018.**

\*\*If there are more student applications than allotted seats students will be assigned through a lottery\*\*

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Please Print)

Student Number: \_\_\_\_\_ Grade: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Current School: \_\_\_\_\_ School in August 2018: \_\_\_\_\_

**Choose Summer Driver's Education High School Site:** (Circle One)

**Winter Springs**

**Lyman**

**Oviedo**

**Seminole**

**Choose Semester 1 or 2 below:**

\_\_\_\_\_ **Semester 1 (May 31 – June 13)** \_\_\_\_\_ **Semester 2 (June 14-28)**

**7:20am – 2:30pm**

\_\_\_\_\_ **I am choosing the Pass/Fail option for this course  
(This choice must be made on the first day of class)**

Parent /Guardian Name: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_ City / Zip \_\_\_\_\_

Cell #: ( \_\_\_\_\_ ) Work #: ( \_\_\_\_\_ )

**Emergency Contacts:**

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Does the student have a current IEP or 504 plan? \_\_\_\_\_

Signature of Approval: \_\_\_\_\_  
(Parent/Guardian)

For School Use:

Date Received \_\_\_\_\_

Cost Center \_\_\_\_\_