

DATE _____

TIME _____

DRIVER EDUCATION INFORMATION AND REGISTRATION FORM

Students currently enrolled in school and who are between the ages of 14 1/2 - 18 years of age are eligible to take the class. Students accepted in the program will be required to attend 30 hours of classroom instruction, which will be held before school or after school, and a minimum of 6 hours of in-car instruction, which will be scheduled with a Driver Education Instructor.

Each Site Coordinator for Driver Education has scheduled a mandatory meeting for all parents to attend at the beginning of each session. This meeting is to inform and to assist parents in understanding the laws and regulations governing the driver licensing process, the schedule of driving times, and the completion of all necessary paperwork. Also, during this meeting the Site Coordinator will give you the date when students are scheduled for an eye exam, which will be administered by a DMV Instructor. Please bring a Birth Certificate, Social Security card, and a copy of the last semester report card of the student taking Driver Education. If the student has an IEP or 504, please bring this information to discuss with an instructor.

Specific information regarding times, location, and dates of classes are available from the Site Coordinator at school. Please indicate whether you prefer a morning session or afternoon session on the registration form below. These forms are to be turned in to the Site Coordinator directly, or a location they've designated, in order to be registered to attend Driver Education. Parents with students that have a medical concern should contact the Site Coordinator at their school.

SITE COORDINATORS

Brian Stewart	Ashley HS/ Isaac Bear Early College High School	Phone: 790-2360 x 116 Email: brian.stewart@nhcs.net
John Teller	Hoggard HS	Phone: 350-2072 x 255 Email: john.teller@nhcs.net
Alan Sewell	Laney HS/ Wilmington Early College High School	Phone: 350-2089 x 0 Email: richard.sewell@nhcs.net
Rick Holmes	New Hanover HS/ Lakeside Mosley PLC	Phone: 251-6100 x 250 Email: richard.holmes@nhcs.net

Registration Form

(Please Print)

STUDENT NAME: _____

DATE OF BIRTH: _____ (month, day, year) **GRADE:** _____

ADDRESS: _____

HOME PHONE: _____ **CELL PHONE:** _____

SCHOOL NOW ATTENDING: _____

PARENT OR GUARDIAN: _____

Is your child served by an IEP or IAP(504): Yes _____ No _____

Does this student need any special accommodations or have any medical conditions to which we need to be aware?

MORNING SESSION _____ **AFTERNOON SESSION** _____ **NO PREFERENCE** _____

