

**DRIVER EDUCATION INFORMATION
AND REGISTRATION FORM**

Date _____
Time _____

Students currently enrolled in school and are between the ages of 14 ½ - 18 years of age are eligible to take the class. Students accepted in the program will be **assigned and required** to attend 30 hours of class room 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.

Parents should make note of the date and times of the classes, then complete the registration form at the bottom. The registration form is to be returned to the main office of the high school in which the student attends. Please indicate whether you prefer a morning session or afternoon. Parents of students that have a medical concern(s) should contact the school site coordinator in which the student is attending or contact Kiersten Wildeboer, County Wide Coordinator, at 254-4173.

Each Site Driver Education Coordinator has scheduled a mandatory meeting for all parents to attend at the beginning of each session. This meeting is to inform and assist parents in understanding the new 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 of when students are scheduled for an eye exam which is administered by a DMV Instructor. Please bring a Birth Certificate, Social Security card and a copy of last semester report card of student taking drivers education. If the student has a 504's etc. bring this information to discuss with instructor

SITE COORDINATORS

Brian Stewart	Ashley High School/ Isaac Bear Early College	Phone: 790-2360 Ext 116 email: Bstewart@nhcs.net
Ron Strickland	Hoggard High School	Phone: 350-2072 Ext. 232 Email: Rstrickl@nhcs.net
Alan Sewell	Laney High School/ Wilmington Early College	Phone: 350-2089 Ext. 350 Email: Rsewell@nhcs.net
Rick Holmes	New Hanover High School/ Lakeside High School	Phone: 251-6100 Ext. 250 Email: Rholmes@nhcs.net

Registration Form

(Please Print)

STUDENT NAME: _____

DATE OF BIRTH: _____ (Month, Day, Year) Grade: _____

ADDRESS: _____

HOME TELEPHONE #: _____ 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 we need to be aware of:

Morning session _____ afternoon session _____ No preference _____