

DRIVER'S EDUCATION
Registration Form Fall 2019 / Spring 2020

I have read and understand the driver education rules and guidelines. I give permission for my child to participate in the driver education course.

Student Name (print clearly): _____

Student Signature: _____

Parent Signature: _____

Address: _____

Email: _____

Birth Date: _____ Permit or License I.D. # _____

Phone: _____ Student's Cell: _____

Check #: _____ Fee: \$495 Date: _____

Classroom starts Sept. 17, 2019 (fall) or Feb. 4, 2020 (spring) in room 107
PBHS In-Car Classes start Sept. 18, 19 or 20 (fall) or Feb. 5, 6 or 7 (spring)
Four students/car

Monday
2:30–4:00 PM
4:00–5:30 PM

Wednesday
2:30–4:00 PM
4:00–5:30 PM

Thursday
2:30–4:00 PM
4:00–5:30 PM

Driving slots are filled on a first come/first serve basis. Spots will only be held when the registration form is returned *with payment*. Mail to:

Continuing Education
Ruth Holt, Director
P.O. Box 700
Pine Bush, NY 12566

PLEASE INCLUDE A COPY OF PERMIT OR LICENSE WITH FORM

1ST Choice (day/time) _____

2ND Choice (day/time) _____ 3RD Choice (day/time) _____

For more information, email Ruth Holt at ruth.holt@pinebushschools.org or call (845) 744-2031 ext. 3051. Fax (845) 744-8227