



Driver's Education Enrollment Form

Legal Name: _____
(First) (Middle) (Last)

Legal Address: _____
(Street) (Apt#)

(City) (State) (Zip)

Email address _____

Home Phone: _____ Parent Cell: _____ Student Cell: _____

Date of Birth: _____ Home School: _____

Scheduling Options: Please choose one of the following options.

_____ Option 1 – I would like to take Driver's Education during the 19-20 School Year at my home school. Payment will be made to your home school by May 22th.
Cost: \$50

_____ Option 2 – I would like to take Driver's Education during summer school. Credit for this course will be awarded in July of 2019. Payment will be made at the CCBOE on April 16th or April 18th.
Cost: \$200 _____ Session 1 – June 3-6 OR _____ Session 2 – July 8-11

Credit Options: Please choose one of the following options.

_____ Option 1 – I would like for this course to be listed on my High School Transcript. This course is weighted as a standard course on a 4.0 grading scale.

_____ Option 2 – I would NOT like for this course to be listed for credit on my High School Transcript.

Parent's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____ Received By: _____

Amount Paid: _____ Payment Method: CASH or Money Order # _____