DRIVER’S EDUCATION ~ SUMMER 2017
~REGISTRATION FORM~

Registration DEADLINE: Friday, April 7 @ 4 pm
Hand-deliver completed form to the Main Office of HHS, CHS, or PAL.
For more information, refer to attached Program Info sheet & Class Schedules.

TO BE FILLED OUT BY A PARENT/LEGAL GUARDIAN. PLEASE PRINT CLEARLY IN INK.

Student’s Full Legal Name: ___________________________________________________________

Date of Birth: ______/_______/_______ (Must turn 15 years old by August 31, 2017 to qualify)

School where student is currently enrolled:  CHS   HHS   PAL   OTHER:_______________

*ALL COMMUNICATION IS DONE VIA EMAIL*

Email Address (REQUIRED): _________________________________________________________

Parent/Legal Guardian’s Name: ____________________________________________________

Parent/Legal Guardian’s Phone #: ________________________________________________

Classes are filled in date of birth order with older students having class preference. Make sure the class you choose fits into your family/student schedule, as attendance is very important - can only miss 2 days of class. If no classes work at this time, do not fill out this form, wait & register for the next session.

Class Preference 1st, 2nd, 3rd… See attached schedules. If there’s a class schedule that does not work put an X on the line. The more options you choose the greater chance of getting into a class.

Helen Bosch (CHS)

Karey Conn (CHS)

Tom Kain & Steve Gross (CHS)

Reid Christensen & Patrick Larson (CHS)

Lee Carter (CHS)

Rich Wirak (CHS)

Pat Murphy (CHS)

Caleb Feuerstein & Jessica Sichelstiel (CHS)

Jeff Mahana (HHS)

Marty Scanlon (HHS)

Brian Kessler & Greg Wald (HHS)

Lance Bouchee (HHS)

Corbin Knight (HHS)

Example:

<table>
<thead>
<tr>
<th>1st Scanlon</th>
<th>2nd Conn</th>
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<tr>
<td>____________</td>
<td>_______</td>
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<tr>
<td>X Kessler</td>
<td>3rd Carter</td>
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</tbody>
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See other side – Parent/Legal Guardian’s Signature Required
1. Does this student suffer from any chronic or potentially chronic condition that may cause a loss of consciousness or control? YES or NO

2. Does this student have any physical or mental condition that impairs or may impair the ability to exercise ordinary and reasonable control in the safe operation of a motor vehicle? YES or NO

3. Does this student rely on any adaptive equipment or operational restrictions to attain the ability to exercise ordinary and reasonable control in the safe operation of a motor vehicle? YES or NO

4. Other accommodations student may need in class or while driving please explain:
   ____________________________________________________________
   ____________________________________________________________

I Parent/Legal Guardian have filled this registration form out to the best of my knowledge. I have read and understand the attached Traffic Education Program Information Sheet and Class Schedules.

Signature of Parent/Legal Guardian: ______________________________

Date: __________