

DRIVERS EDUCATION ENROLLMENT FORM

PLEASE FILL OUT THE FOLLOWING INFORMATION:

Student's Name: _____ Birth Date: _____
IF you now have a Driver's License #: _____ Expiration Date: _____
Is this license a: Regular _____ Restricted: _____ Learner's Permit: _____
Your address: _____ City: _____ Zip: _____
Home Phone #: _____ Parent Work #: _____ Grade in school (07-08) _____
School Attended: _____

DRIVER EDUCATION TIME REQUEST 2008

Applications for Driver Education Permit request slips, Personal Injury Protection Coverage form and the enrollment fee must be returned by **March 14**. Please make **checks payable to Andover Central High School**.

Classroom Instruction

_____ Classroom option (\$150.00 in district and attending Andover Schools 2007-08 school year)
_____ Classroom option (\$200.00 out of district or not attending Andover Schools 2007-08 school year)
_____ On-line option (\$200.00) **E Mail Address** (On line option only) _____

Driving Instruction -----Number your choices 1 through 3 with 1 being your *first choice*. **We will fill class by age, oldest to youngest. After the deadline, it will be on a first come first serve basis!!**

_____ First Session Driving: June 3 – June 12 (**2 hour sessions-weekdays only**)
_____ Second Session Driving: June 13 - June 24 (**2 hour sessions -weekdays only**)
_____ Third Session Driving: June 25- July 7 (**2 hr sessions -weekdays only-will not drive July 4**)

STUDENTS MUST BE 14 YEARS OF AGE BY JUNE 1st.

Absences because of work or vacation will not be excused due to the short period of time in the classroom and cars. Illness will be excused, but only one or two days. Driving session should be selected so that the entire 8 days will be used for driver education.

Please fill out the practice application on the back of this sheet. You will be asked to complete a State Permit Application with that same information.

_____/_____/_____
STUDENT SIGNATURE PARENT/GUARDIAN SIGNATURE DATE

Everyone needs to **return pages 1, 2 & 3** to Jenise Hurley by March 14.

APPLICATION FOR DRIVERS EDUCATION PERMIT

Kansas Department of Revenue, Division of Vehicles, requires each student to complete a DE-99 "Application for Driver Education Permit". Please complete this form. You will be asked to complete one just like this one that will be sent to the state once you have paid your \$150.00/\$200.00.

Last Name	First Name	Middle Initial
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Street Address or RFD number	City	Zip Code
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Birth date	Sex	Height	Weight	Color of Eyes
Month/Day/Year	M or F	Ft./Inches	Pounds	

Do you have any physical limitations that may require car modifications? _____ If yes, describe _____

Are you currently taking prescribed medication for a physical or mental condition? _____
 If yes, describe _____

Do you suffer from epilepsy, seizures, or are currently in drug/alcohol rehabilitation? _____
 If yes, describe _____

Do you have a current license of any kind? _____
 If yes, # _____ Expiration date _____

Has your license ever been revoked or suspended? _____
 If yes, give date and reason _____

 I certify that the above statements are true and correct. (Use **LEGAL** Birth Name)

Signature: _____
 First Name Middle Initial Last Name

Date _____

To: Parents and Guardians of Driver's Education Students

From: Risk Management Office

Re: Personal Injury Protection (PIP) Coverage

While we take every reasonable precaution to avoid accidents, it is possible that your son or daughter might be involved in a motor vehicle accident while in a driver's education vehicle.

The State of Kansas is a "no fault" insurance state, which means one looks to his or her own automobile insurance company for coverage for medical expenses before asking a negligent driver to respond to a claim resulting from an auto accident.

You should be aware that Unified School District #385 is not required to purchase "no fault" personal injury protection (PIP) coverage on driver's education vehicles. Therefore, if your son or daughter is injured while occupying the driver's education vehicle, the insurance policy covering your family auto will be primary.

If there is no family automobile insurance applicable, then a secondary source of coverage will be the insurance covering the automobile driven by the person responsible for the accident.

Name of Student: _____ Date: _____

I am aware that USD #385 does not provide personal injury protection (PIP) coverage on driver's education vehicles. Therefore, if my child is involved in an automobile accident while riding in a driver's education vehicle, I will be responsible for any resulting medical expenses.

Must be signed by parent or guardian: _____