USD 265 Goddard Public Schools
Pride. Growth. Excellence.

DRIVER'S EDUCATION

SUMMER 2016

www.goddardusd.com/driversed

Driver Education Registration Form

Enrollment is available April 13 – May 13, 2016. Driver Education registration and fees due by May 13, 2016.

Please note: No refunds after May 25, 2016

STUDENT INFORMATION

Student's Legal Name _____**Grade** (2015-16) _____

School Attended (2015-16) _____**Date of Birth**_____ **Gender** _____

Student Cell Phone _____ **Student Currently Has Instructional Permit** □ **Yes** □ **No**

PARENT/GUARDIAN INFORMATION

Parent/Guardian's #1 Name _____ **Home Phone**_____

Cell_____ **Work Phone**_____ **Parent's Email** _____

Address _____ **City**_____ **State**_____ **Zip**_____

Parent/Guardian's #2 Name _____**Home Phone**_____

Cell_____ **Work Phone**_____ **Parent's Email** _____

Address_____ **City**_____ **State**_____ **Zip**_____

ENROLLMENT

We have three sessions. Please rank (1st, 2nd, 3rd) in order of preference. Assignments are made first come-first serve basis. Sessions are limited to 110 students per session.

____ June 6-10 ____ June 13-17 ____ June 20-24

Bus Transportation needed? □ YES □ NO

FEES: PAYMENT ENCLOSED [Make Checks Payable to "USD 265." Credit card are accepted in person.]

□ In-district student: $275.00 □ Out-of-district student: $325.00 □ In-District Bus Transportation: $50.00

Please use a separate form for each student. This form is not required if you have completed online registration.

Return form in person to:

Goddard High School
2500 S. 199th St. West
Goddard, KS 67052

For internal use:

Date Paid:	
Check No:	
Cash:	$

USD 265 DRIVER EDUCATION DE-99 APPLICATION

Student Legal Name _____
as it appears on birth certificate (FIRST) (MIDDLE) (LAST)

Street Address _____ City _____ Zip_____ Phone: _____

Gender F___ M___ Date of Birth _____

Eye Color _____ Corrective Lenses Yes____ No____

Height: _____ feet _____ inches Weight (approx.) _____

Student must answer the questions below:	**YES**	**NO**
Are you a resident of Kansas?		
In the last 6 months, have you attempted and failed any testing at least 4 times at a Kansas Driver's License Exam Station? If yes, when: _____/_____/ 20____		
Do you have any physical limitations that may require car modifications? If yes, please describe: _____		
Do you currently have any physical, vision or mental condition(s) that could make it difficult to operate a motor vehicle safely? If yes, name of condition(s)/medication(s):_____		
Have you suffered a seizure in the last six months? If yes, please describe: _____		
Are you currently enrolled in drug rehabilitation program or are you a habitual user of drugs or alcohol? If yes, please describe: _____		
Do you have a current Kansas Driver's License? If yes, enter #_____		
Is your license now, or has it ever been, suspended/restricted/revoked in Kansas or any other state? If yes, give date _____ and reason:_____		
Has your license/permit been surrendered to law enforcement due to the refusal or failure of a chemical test for drugs or alcohol, or Is your license/permit suspended/canceled/revoked by any court pending review? If yes, describe:_____		
Are you lawfully present in the United States?		
Vision Acuity: Right Eye 20/_____ Left Eye 20/_____ Do you need Vision Correction? If no, give last date vision was checked: _____(mm/dd/yyyy) If student has a valid permit acquired from the Driver's License exam Station (not an online permit) in their possession, enter 20/40 for each eye as they have passed the eye test at the exam station.		
Do you understand that your answers to these questions, if answered falsely, may be grounds for prosecution? **Signature of Student:** **Date:**		

********** DRIVER INSTRUCTOR USE ONLY **********	
The driving school instructor acknowledges that he or she understands that the applicant's lawful presence and Kansas residency documentation must be copied and retained by the driving school for a period of two (2) years. Check box if you so declare. Yes _____	
Signature:	Date signed: