

# **GARDEN PLAIN HIGH SCHOOL**

## **2020 Summer Drivers Education**

**MUST BE 14 YEARS OLD BY JUNE 1, 2020 AND AN 8<sup>TH</sup> GRADE GRADUATE. NO EXCEPTIONS PER THE DEPARTMENT OF MOTOR VEHICLES.** The class is open to all Renwick students and out-of-district students are invited to attend.

**COST - \$185.00.** Make check payable to Garden Plain High School – due with the initial application.

**Classroom Session Dates –** Monday, June 1, 2020 thru Friday, June 5, 2020.

Five (5) classes of 3 Hours each including 4 Unit Tests.

Drivers Ed HandBook Test will be on the 1<sup>st</sup> day of class. All students will take this test even if the student has an IP. Student is responsible for being prepared for this test by downloading the handbook...

**Drivers Ed HandBook is online at:** <https://www.ksrevenue.org/pdf/dlhb.pdf>

**Classroom Session Times -** 8:00am to 11:00am. Any absence or tardy will need to be made up before the end of classroom sessions. One (1) maximum absence is allowed. It must be an emergency to miss class time.

**Driving Session Dates -** Monday, June 1, 2020 thru July 31, 2020. Students will complete at least five, one hour driving sessions along with driving observations. Schedule to be determined after class begins. Driving times may be altered by instructor.

**Application Deadline for Garden Plain.** – The deadline for the application and payment is **Friday, May 1, 2020**. Check and completed form should be turned into the office at GPHS by this date. This allows the school nurse at Garden Plain enough time to do the vision check required for students.

*Andale High School has some alternative dates for the classroom sessions if the above class dates do not work. They are on the Andale High School website. Driving will be determined by Mr. Buchanon or Mr. Blasi. Deadline for Andale's application is also on the website.*

**\*\*To obtain a restricted license at age 15, a driver must complete a certified driver education course; have an Instructional Permit (IP) for a period of 1 year, and have 25 hours of supervised driving. It is not necessary to have an Instructional Permit for this class, but it is beneficial to begin practicing as soon as possible. We will be driving in Wichita on three of the five driving days, so basic driving skills are necessary to the student to pass the driving portion of the class. If the student is nervous and unskilled behind the wheel, we cannot drive with them in an urban setting. All the practice time that you, as parents, spend with them will count towards the 50 hours that they need to get a full license at age 16-17.**

**\*\*It would be a good time to go to the DMV and obtain an Instructional Permit (IP). A written and vision test is required for an IP. The DMV is located at 1832 W. 21<sup>st</sup> Street (lower level of Twin Lakes Shopping Center). Hours are 7:00am to 5:00pm, Tuesday thru Friday.**

**\*\*Questions or concerns: call Mike Blasi, 444-2607, Ext. 2353 or email [mike.blasi@usd267.com](mailto:mike.blasi@usd267.com)**

# Enrollment Form

**Legal** First Name \_\_\_\_\_ **Name as it appears on Birth certificate.**

Middle Name \_\_\_\_\_

Second Middle Name \_\_\_\_\_

**Legal** Last Name \_\_\_\_\_

Suffix \_\_\_\_\_ (Junior, Senior, I, II, III, IV)

Parent's Phone Number \_\_\_\_\_

Student's Cell Phone Number \_\_\_\_\_

Address Line 1 \_\_\_\_\_ **No Box Number**

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_ Male \_\_\_\_ Female

Date of Birth \_\_\_\_\_ ( ex. 1/1/2020)

Height \_\_\_\_\_ Ft. \_\_\_\_\_ Inches

Weight \_\_\_\_\_ Pounds

Please check any time period between June 1 and July 31 the **STUDENT WOULD NOT BE ABLE TO DRIVE.** We may drive some Saturdays to make up days. We drive in the mornings and early afternoon.

\_\_\_\_ June 1 – June 5

\_\_\_\_ July 6 – July 10

\_\_\_\_ June 8 – June 12

\_\_\_\_ July 13 – July 17

\_\_\_\_ June 15 – June 19

\_\_\_\_ July 20 – July 31

\_\_\_\_ June 22 – June 26

# Medical, Vision and License Questions

Please check the correct response.

Are you a resident of Kansas? \_\_\_\_\_ No \_\_\_\_\_ Yes

In the last 6 months, have you attempted and failed any testing at least 4 times at a Kansas Driver's License Exam Station? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If Yes, give date \_\_\_\_\_

Do you have any physical limitations that may require car modifications? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If Yes, describe:

Do you currently have any physical, medical, vision or mental condition(s) that could make it difficult to operate a motor vehicle? (epilepsy or other condition, etc) \_\_\_\_\_ No \_\_\_\_\_ Yes  
If Yes, name of condition(s):

Have you suffered a seizure in the last six months? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If Yes, describe type and occurrence date:

Are you currently a habitual user of alcohol or drugs? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If Yes, describe:

Do you have a current Kansas Driver's License? Or Instructional Permit (IP)? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If Yes, enter Driver's License Number:  
Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Is your license currently or has it ever been suspended/restricted/revoked in Kansas or any other state? \_\_\_\_\_ No \_\_\_\_\_ Yes  
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? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If Yes, describe:

Are you lawfully present in the United States? \_\_\_\_\_ No \_\_\_\_\_ Yes

**Do you understand that your answers to these questions, if answered falsely, may be grounds for prosecution?** \_\_\_\_\_ No \_\_\_\_\_ Yes

(Student MUST sign – not parent. DO NOT PRINT )  
**Signature of Student:**

**Date Signed:**



**\*\*\*This section to be filled out by school nurse or eye doctor\*\*\* (For Garden Plain students, the school nurse will provide this information)**

## Vision Acuity

Right Eye 20/\_\_\_\_ Left Eye 20/\_\_\_\_

Do you have corrective lenses? \_\_\_\_\_ No \_\_\_\_\_ Yes      Do you wear contacts? \_\_\_\_\_ No \_\_\_\_\_ Yes

Signature of Doctor or Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

