

**CONCORDIA COLLEGE  
BRONXVILLE, NY 10708**

**DRIVER EDUCATION**

**2011-2012**

This course is available to students who will be 16 years old by the start of the first class of the term for which they are enrolling. Students who successfully complete this New York State approved course will be entitled to senior driving privileges at age 17 and applicable insurance discounts. The course consists of classroom instruction, behind the wheel training and in-car observation time. Driving schedules will be arranged at the first class session. For further information call: (914) 395-4505.

All Fall & Spring classes will meet at Concordia College, Feth 201. The room for Summer Classes TBA.

**COURSE MEETING TIMES FOR THE 2011-2012 SCHOOL YEAR**

FALL TERM: Classroom meets 4-5 pm or 5-6 pm, Tuesday and Thursday, September 27 – December 15, 2011

SPRING TERM: Classroom meets 4-5 pm or 5-6 pm, Tuesday and Thursday, February 28 – May 24, 2012

SUMMER SESSION: Classroom meets 8:30-10 am or 10-11:30 am, Monday through Thursday, July 9 through Aug 2, 2012

**TUITION: \$480** Make checks payable to: Concordia College.

**\*\* YOUR CANCELED CHECK OR CREDIT CARD STATEMENT WILL BE CONFIRMATION OF REGISTRATION\*\***

To register: Bring in, or mail, the completed registration form and tuition payment to: Concordia College, Registrar's Office  
171 White Plains Road  
Bronxville, NY 10708

**(DETACH HERE AND SAVE)**

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**(DETACH HERE AND SUBMIT)**

**DRIVER EDUCATION 2011-2012 REGISTRATION FORM**

Name (please print) \_\_\_\_\_

**Important: As it is entered on your permit or license**

Address \_\_\_\_\_

House number

Street

Town

Zip

Telephone number \_\_\_\_\_ Applicant's Birth Date \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Choose one: Fall: 4-5 pm \_\_\_ OR 5-6 pm \_\_\_ | Spring: 4-5 pm \_\_\_ OR 5-6 pm \_\_\_ | Summer: 8:30-10 am \_\_\_ OR 10-11:30 am \_\_\_

**Each class section is limited to the first 36 paid registrants. If requested class is full, you will be notified with available options.**

Circle current license status: Junior license Learner's permit No permit

Circle day(s) you will **not** be available for driving: M T W TH F. If you wish, indicate the name(s) of driving partner(s) to choose at this time 1. \_\_\_\_\_ 2. \_\_\_\_\_

**Parental consent:**

I hereby give permission for my child, \_\_\_\_\_, who is now or will be 16 years of age by the first class session, to participate in the Driver Education course in all of its parts given at Concordia College. I further attest that my child does not have any physical disorder, disability, or medical condition which would affect or interfere with his or her ability to receive in-car instruction or to drive a motor vehicle in safety.

\_\_\_\_\_  
**Signature of parent or guardian**

\_\_\_\_\_  
**Date**

**FOR CREDIT CARD PAYMENT CHECK ONE: ( ) VISA ( ) Master Card ( ) American Express**

Account No. \_\_\_\_\_ Exp. date \_\_\_\_\_ Amount charged \$480.00

Cardholder signature \_\_\_\_\_ Print Cardholder name \_\_\_\_\_