

DRIVER EDUCATION

2016-2017

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. **Fall and Spring Classes will meet at Concordia College, Feth Hall room 201. Summer classes meet in Brunn-Maier Science Hall room 201.**

COURSE MEETING TIMES FOR THE 2016-2017 SCHOOL YEAR

- FALL TERM:** Classroom meets 4–5 pm **or** 5-6 pm, Tuesdays and Thursdays, September 20 – December 22, 2016
- SPRING TERM:** Classroom meets 4–5 pm **or** 5-6 pm, Tuesdays and Thursdays, February 28 – May 25, 2017
- SUMMER SESSION:** Classroom meets 8:30-10 am, 10–11:30 am or 11:30-1pm, Monday through Thursday, July 3 –July 31, 2017
{no class July 4th}
- TUITION: \$545** For further information call: (914) 395-4505 E-MAIL-easatconcordia@gmail.com

To register mail completed registration form and \$545 tuition payment to: Concordia College, Registrar's Office
 171 White Plains Road, Bronxville, NY 10708

NOTE: YOUR CANCELED CHECK OR CREDIT CARD STATEMENT WILL BE CONFIRMATION OF REGISTRATION

(DETACH HERE AND SUBMIT)

DRIVER EDUCATION 2016-2017 REGISTRATION FORM

Name (please print) _____
LASTNAME FIRSTNAME MIDDLE INITIAL

Address _____
House number Street Town Zip

Telephone number _____ Applicant's Birth Date _____

Select one:
 Fall: 4-5 pm **OR** 5-6 pm Spring: 4-5 pm **OR** 5-6 pm | Summer: 8:30-10am , 10-11:30am **OR** 11:30am-1pm
 Each class section is limited to the first 36 paid registrants.

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. Indicate the name(s) of driving partner(s) if you wish 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 _____

Cardholder signature _____ Print Cardholder name _____ Amount paid **\$545**

PARENT E-MAIL _____