

Arlington School District #16
Driver's Training Application

FEES: \$455.00
3:00-4:30 pm.

1st Quarter 2017: Please return to the AHS Attendance Window by **Wed., Sep. 13th**. A list of eligible students will be posted at the AHS Attendance Window, Weston, Freshmen Academy and Stilly Valley. Students will be given until **Fri., Sep. 15th** to pay a fee of \$455.00 or have made payment arrangements with Mr. Brooke. Payments can be made at the AHS Attendance Window. If you do not attend any of these schools please contact James Brooke, Traffic Safety Coordinator, at 360-618-6300 x. 3269 to check for eligibility. ALL students start on **Sep. 18th** 3:00-4:30 p.m. in Room #D209. Also there will be two **MANDATORY PARENT & STUDENT meetings Mon., Sep. 18th and Mon., Oct. 24th** both in the commons at 6:30-8:00 p.m. *Alternate students will be added on **Mon., Sep. 23rd** if needed. **1st Quarter Driver's Ed.** will be from **Sep. 18th till Nov. 9th**. There are two classes to choose from: Mon. / Wed. or Tue. / Thu. (3:00-4:30 p.m. in Rm. #D209). Students will drive 6 hours throughout the session and driving may be scheduled any day Mon.-Sat.

If you have any question, please call James Brooke at 360-618-6300 x.3269. Office hours: Monday - Friday 7:30-4:30 p.m. Students are not enrolled until payment or payment plan has been accepted.

CUT HERE AND SAVE THE ABOVE PORTION, BUT RETURN THE BELOW SECTION TO THE AHS ATTENDANCE WINDOW

Student's Full Name: _____ 1st Quarter '17
Date of Birth: _____ Age: _____ yrs. _____ mos. 3:00-4:30 pm.
Grade: _____ School of Attendance: _____
Phone Number (Day): _____ (Evening): _____
ADDRESS: _____

Is there any medical history, emotional, behavioral or physical conditions that limits the student's ability to drive or any pertinent information.

No: _____ Yes: _____ If so, please give a brief description.

Does the student have a car available to them at home to practice with? Yes: _____ No: _____

*As a parent/guardian, do you agree to supervise a minimum of 20 hrs. of In-Car, guided practice;

Yes: _____: _____ initial No: _____: _____ initial

*As a parent/guardian, do you agree to attend the two parent nights;

Yes: _____: _____ initial No: _____: _____ initial

*Do you and your student understand; the first week of classes for ALL students is:

(Mon., Sep. 18th -Thu. Sep. 21st at 3:00pm in Rm. D209):

Yes: _____: _____ initial No: _____: _____ initial

Parent/Guardian Signature: _____ DATE: _____

Student Signature: _____ DATE: _____

TO APPLY FOR DRIVER'S ED:

1. Completely fill out an application (requires parent and student signatures) and return it to the Attendance Office.
2. Mr. Brooke first reviews the applications. He posts the names of students accepted on a list that is posted on the Attendance Office counter. Keep watching that list!
3. If your name appears on the approval list, you may pay. The first people who pay get into the class first. First come, first served. Please do it soon, as the class can fill up quickly. (Or fill out a payment plan which also needs to be approved by Mr. Brooke before the first payment can be accepted.)

Thank you!