



## Driver Training Application Agreement

**Please be sure to read everything. You are fully responsible for all the information listed below and to fulfill all requirements.**

Fees: \$600.00 (No Refunds)

**For Quarters 1, 2, 3, & 4, classes will be from 3:00 pm to 4:30 pm in Room \_\_\_\_\_**

**For Summer Session classes will be either 8:00 am to 10:00 am OR 11:00 am to 1:00 pm in Room \_\_\_\_\_**

Your class is: \_\_\_\_\_: Please return to the AHS Attendance window by \_\_\_\_\_.  
(Session) (Date)

A list of eligible students will be posted at the AHS attendance window, Weston, and Stilliguamish Valley Learning Center on:

\_\_\_\_\_. Students will be given until \_\_\_\_\_, or until the class is full (whichever comes first) to pay a fee of \$600.00 or have made payment arrangements. Payments can be made at the AHS attendance window. Students are NOT enrolled until they pay the fee or complete a payment plan. If you do not attend any of these schools, please contact the Traffic Safety Education Coordinator, at 360-618-6300 ext. \_\_\_\_\_ to check for eligibility.

There will be one **MANDATORY PARENT & STUDENT** meeting on \_\_\_\_\_ from \_\_\_\_\_  
(Date)

\_\_\_\_\_. \*Alternate students will be added on \_\_\_\_\_, if needed.  
(Time) (Date)

\_\_\_\_\_. Driver's Ed class will be from \_\_\_\_\_ thru \_\_\_\_\_.  
(Session) (Start date) (End date)

Students will drive 6 hours throughout the session and driving may be scheduled any day Monday - Saturday.

If you have any questions, please call the Traffic Safety Education Coordinator at 360-618-6300 ext. \_\_\_\_\_.

**Students are not enrolled until payment or a payment plan has been accepted.**

***Please cut here and return the completed lower portion only to the AHS attendance window:***

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\* Student Name: \_\_\_\_\_

Grade \_\_\_\_\_ School of Attendance \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ years \_\_\_\_\_ months

Primary phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address: \_\_\_\_\_

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 50 hours of in-car guided practice? Yes \_\_\_\_\_ No \_\_\_\_\_

\*As a parent/guardian, do you and your student agree to attend the parent & student night on \_\_\_\_\_  
(Date)

Yes, I agree \_\_\_\_\_; \_\_\_\_\_ No, I do not agree \_\_\_\_\_; \_\_\_\_\_  
(Parent initials) (Student initials) (Parent initials) (Student initials)

\*Do you and your student understand the first week of classes of ALL students is: \_\_\_\_\_  
(Date & Time)

Yes \_\_\_\_\_; \_\_\_\_\_ No \_\_\_\_\_; \_\_\_\_\_  
(Parent initials) (Student initials) (Parent initials) (Student initials)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_