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:
****

* 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 your 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: _____

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Instruction - Traffic Safety Education
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