

# Cabot Public Schools Driver Education Information

## **Date & Time :**

Classroom Sessions (choose one)-

**1st Session** - Tues May 31 through Fri June 3rd 8am - 3:15pm

**2nd Session** - Mon June 27 through Thurs June 30 8am - 3:15pm

Driving Session - June 1 through July 22 (10 hours total): Days and times will be determined after the first class meeting.

**Attendance to the classroom sessions is not optional. Students must attend 100% of class time.**

## **Cost:**

\$250.00 - A non-refundable deposit of \$75 must be paid at the time of registration. If not paid in full at registration, the remaining balance is due on or before the first day of class. Only cash or check can be accepted. Checks should include the student's name in the Memo line.

## **Registration:**

Cabot High School Office - 30 slots will be available each session (60 total) and students will be accepted on a first come basis. Only complete registration and deposit will secure the student's spot.

Monday, April 11, 7:30 am - 4 pm. - School employees only

Tuesday, April 12, 7:30 am - 4 pm - All others

## **Location of Program:**

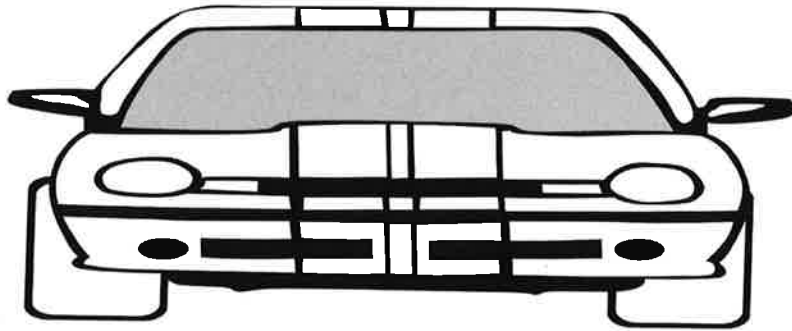
Cabot High School

\*\* Students must be 14 years of age and have a valid driver's permit by the first day of class.

***Students will need to bring their driver's permit on the first day of class. They will have 30 minutes for lunch and will not be able to leave. Bring lunch and snacks each day.***

***Students are required to have a total of 30 hours of class time before the driving portion begins. Students are required to complete 10 hours behind the wheel, spread out over the remaining three weeks. Driving sessions for the first session will be complete by June 24. Driving sessions for the second session will be complete by July 22.***

# Driver Education Registration Form



Please have this form completed at the time of registration.

Parents are not required to be present with the student to register.

**Attendance to the classroom sessions is not optional. Students must attend 100% of class time.**

\_\_\_\_\_ **1st Session** - Tues. May 31 through Fri. June 3rd 8am - 3:15pm

\_\_\_\_\_ **2nd Session** - Mon. June 27 through Thurs. June 30 8am - 3:15pm

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

City/Zip Code: \_\_\_\_\_

Student Cell # \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

(Please Print) Parent or Guardian Name: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

## Office Use:

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Session: 1 2

Receipt # \_\_\_\_\_