

LHS Driver Education Enrollment

To: Parents of Students Wishing to Enroll in Driver Education
From: Lansing High Driver Education Department
Re: Summer 2019 Driver Education Course Enrollment Information
Date: March 18, 2019

Driver Education will be offered during the summer of 2019. We will have a mandatory parent/student meeting on Tuesday April 16 and Wednesday April 17. Meetings will start at 6pm in the Pride Rock room. Parent and student **MUST** attend one of the two meetings! Classes will begin after Memorial day and will be over by mid-July. You will sign up for one of 2 schedules at the parent meeting! **A student may not miss more than 2 class periods; 3 strikes and you are out! (Please keep this in mind for Lionettes, Cheer camps, vacations, etc.) Also, students will be required to pass a test over the Kansas Driver's Handbook with at least 80% or better. They will have 3 attempts at the test, if they don't pass, they will be dropped from class and parents will be refunded \$225.00.**

Enrollment is on a first come first serve basis (with fee), therefore; we will begin accepting enrollment forms on Tuesday March 19, 2019 for high school students only. 8th grade students may begin registering on Tuesday March 26,2019 if spots are available.

To be eligible for enrollment each student **must**:

- Successfully pass an eye exam administered by the school nurse or doctor
- Pay course fee of **\$300.00**
- **Must be at least 14 years of age as of May 29, 2019**

Please fill out the application form on the back of this letter and return it with your enrollment fee of \$300.00. If payment does not accompany the enrollment form the **\$300.00** fee will be applied to your Skyward account.

Questions should be directed to :

Chris Elliott @ 727-1197 x 138 or chris.elliott@usd469.net
Mona Hauver @ 727-3357 x 2303 or mona.hauver@usd469.net

Driver Education Application

(Student will fill out the official Dept. of Revenue form w/the instructor)

PLEASE PRINT NAME AS SHOWN ON BIRTH CERTIFICATE

Student Name _____

Street Address _____ (First) _____ (MI) _____ (Last) _____
City _____ Zip _____

Phone Number: _____ (555-555-5555)

DOB: (mm/dd/yyyy) _____ Eye Color _____ Corrective Lenses Y/N _____

Height: _____ ft. _____ inches; Weight: _____ lbs; Sex: M or F

Student must answer the following questions:

- **In last 6 months, have you attempted and failed any testing at least 4 times at a Kansas Driver's License Exam Station? YES _____ or NO _____**

1. Do you have any physical limitations that may require car modifications? Yes/No
If yes, describe: _____

2. Do you currently have any physical, medical, vision or mental condition(s) that could make it difficult to operate a motor vehicle safely? IF yes, name of condition(s)/medication(s) _____
(Do **not** put down antibiotics, allergy meds, aspirin/Tylenol or birth control)

3. Have you had a seizure in the last six months? YES _____ or NO _____
If yes, describe: _____

4. Are you currently a habitual user of alcohol or drugs? YES _____ or NO _____

5. Do you have a current license of any kind? (Includes Instructional Permit) Yes/No
If yes: # _____ Exp. Date _____

5. Has your license ever been revoked or suspended? YES _____ or /NO _____
If yes, give reason and date: _____

6. Suspension/Restriction/Revocation Date: _____ (mm/dd/yyyy)

7. Has your license/permit been surrendered to law enforcement due to the refusal or failure of a chemical test for drugs or alcohol, or is your license/permit suspended/canceled/revoked by any court pending review? If yes, please describe: _____

8. Are you lawfully present in the United States? YES _____ or NO _____

Vision Acuity: Right Eye 20/_____ Left Eye 20_____

Do you need vision correction? YES _____ or NO _____

If no, give last date vision was checked: _____(mm/dd/yyyy)

** If student has a valid permit acquired from the Driver's License Exam Station (not an on-line permit) in their possession, enter 20/40 for each eye as they have passed the eye test at the exam station.

Do you understand that your answers to these question, if answered falsely, may be grounds for prosecution? YES _____ or NO _____

Parent's Signature
(I have reviewed w/my child)

Student Signature-No printing permitted
(Name as it appears on birth certificate)