

<i>After School Site:</i> <i>Select One</i>	<input type="checkbox"/> Lyman M/W	<input type="checkbox"/> Seminole T/TH	<input type="checkbox"/> Winter Springs T/TH
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## AFTER SCHOOL DRIVER EDUCATION STUDENT APPLICATION

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
*(Please Print)* Last First MI

Florida Student Number \_\_\_\_\_ Grade \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Name of current school \_\_\_\_\_

Please indicate if the student has an IEP \_\_\_\_\_ 504 Plan \_\_\_\_\_

Florida Learner's License # \_\_\_\_\_

**Students MUST have a valid Florida Learner's License on the first day of the After School program.**

Upon successful completion of the course, students receive .5 high school credit. Indicate below if you are requesting to take the course with the Pass/Fail grading option. This must be done on or prior to the first day of the course.

Pass/Fail \_\_\_\_\_

**Course Dates: August 25-December 2, 2021  
3:15-5:15 PM**

**This form must be turned in to the guidance office at your home school no later than August 16, 2021. You will be contacted via the email listed above.**

**This is a semester course. Please note that enrollment in this course may conflict with extracurricular activities. No absences are allowed.**

**Emergency Contacts:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Approval: \_\_\_\_\_  
(Parent/Guardian)

**\*\* Transportation is not provided.**

<b>For school use - Date received:</b> _____ (Green Stock)
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