

## Mulvane High School

2013 Summer Driver's Education Enrollment Form / Contract  
Jay Ensley, Administrator

Students must be **14** on or before **May 1** to obtain a Kansas Drivers Ed permit required for class.

**Return to the MHS or MMS counseling office by APRIL 5th with payment.**

Student Name \_\_\_\_\_  
(Last) (First)

Birthdate \_\_\_\_\_ Current Grade \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent(s)/Guardian(s) Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Work Phone Numbers: Mother \_\_\_\_\_ Father \_\_\_\_\_

Cell Phone Numbers: \_\_\_\_\_

Driver's Education consists of classroom sessions **and** driving time. Classroom sessions are a total of **30 hours**. Driving times are one week of two hours per day for a total of **10 - 12 hours**.

Check the **classroom session** and **rank the driving times you prefer *for that session***:  
(We can not guarantee that you will be scheduled into your preferred time slot but we will try.)  
Driving time will be set by the instructor with consideration given to conflicts listed below.

	SESSION 1
	<b>Classroom Time</b> June 3 - 21, 2013 1:00 - 3:00 PM
	<b>Driving Time (1 week 2 hours a day)</b> June 3 - July 12, 2013 8:00 - 10:00 AM 10:00 AM - 12:00 PM 1:00 - 3:00 PM ** ** (only June 24 - July 12) 3:00 - 5:00 PM

	SESSION 2
	<b>Classroom Time</b> June 10 - June 28, 2013 8:00 - 10:00 AM
	<b>Driving Time (1 week 2 hours a day)</b> June 10 - July 19, 2013 8:00 - 10:00 AM ** ** (only July 1 - July 19) 10:00 AM - 12:00 PM 1:00 - 3:00 PM 3:00 - 5:00 PM

**Payment is due in full by April 5th. The fee for 2013 is \$142.00. Fees can not be waived. Students will also complete a DE99 form (Kansas Driver Education Permit). Checks should be made payable to USD 263.**

**Conflicts:** Please list any conflict and the date(s) and/or time of the conflict.

**Students must attend every classroom session and 10-12 hours of driving time.**

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**\*\*\*Please sign contract on back of form and return to the MHS or MMS counseling office\*\*\***

**2013 Contract**

Each student must attend every day. Vacations, jobs, and summer activities must take a secondary role to these classes. To ensure that the instructors will be able to spend their time teaching, the following rules will be adhered to closely:

- 1 Each student must attend class a minimum of thirty clock hours to meet the state requirement for 0.25 credit. Make-up time will be minimized and will only be allowed for absences approved by the instructor **and** administrator in advance or on the day of the absence.
- 2 Excessive tardies will not be permitted. Students will be dropped from class with the loss of credit if they exceed four tardies to each class in which they are enrolled and no refunds will be given.
- 3 Discipline problems will not be tolerated. If the instructor finds it necessary to report a student for disciplinary reasons to the administration, the student will be removed for the remainder of the course with the loss of credit and no refund will be given.
- 4 Each student's academic performance will be evaluated on a weekly basis. If at any point the student's grade drops to a level so low that it is not possible for him/her to earn a passing grade, the student will be dropped with a grade of "F".

\* Note: Summer Drivers' Education will be performance based, as mandated by the state. Students must pass all ten chapters in the textbook at the stated competency levels. The course grade will be Pass/Fail and the students will earn .25 credit on their high school transcript. **Attendance is mandatory for credit.**

Our desire is that each student will be able to successfully complete the class. If you have questions concerning a student's progress, please call me at 777-1183, Ext. 103.

Sincerely,



Jay Ensley, Administrator

**PLEASE SIGN BELOW AND RETURN BY APRIL 5th, 2013.  
FORMS MAY BE RETURNED TO THE HIGH SCHOOL OR MIDDLE SCHOOL COUNSELING OFFICE.  
A SAMPLE OF THE DRIVING PERMIT IS BELOW.  
PLEASE HELP YOUR STUDENT COMPLETE THE FORM TO USE FOR REFERENCE.  
THE VISION SCREENING WILL BE COMPLETED BY THE SCHOOL NURSE.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\*\*If you have questions, please contact April Henke, MHS Counselor, at 777-1183\*\*

**Signed contract, class and driving time selection, and full payment of \$142.00  
must be received by APRIL 5th, 2013 to be enrolled in the Drivers Education Program.  
Check/Money Orders are made payable to USD 263.  
Late forms will not be accepted.**

**Must be filled out by person applying for Driver Education Permit only.  
(Use Pen - Press Hard)**

<b>USD No.</b> _____		<b>KANSAS DIVISION OF VEHICLES</b>				<b>07854 - 11</b>
		<b>APPLICATION FOR KANSAS DRIVER EDUCATION PERMIT</b>				
Complete and mail to the Driver's License Examination Bureau, P.O. Box 2188, Topeka, KS 66601-2188. Enclose \$2.00.						
Legal Last Name	First Name	M/I	Street Address: designate road, street or avenue		City	
Date of Birth ____/____/____	Sex __ M __ F	Height __ ft. __ in.	Weight ____ lbs.	Eye Color	Corr. Lenses __ Yes __ No	Zip Code
1. Do you have any physical limitations that may require car modifications? If yes, describe: _____		Yes <input type="checkbox"/>	No <input type="checkbox"/>	VISION ACUITY: RIGHT EYE 20/____ LEFT EYE 20/____		
2. Are you currently taking prescribed medication for a physical or mental condition? If yes, name of condition and medication: _____		<input type="checkbox"/>	<input type="checkbox"/>	VISION CORRECTION: ____ YES ____ NO DATE TESTED _____		
3. Do you suffer from epilepsy, seizures, or are currently in drug/alcohol rehabilitation? If yes, describe: _____		<input type="checkbox"/>	<input type="checkbox"/>	I certify that all statements are true and correct.		
4. Do you have a <b>current</b> Kansas license of any kind? # _____ Expiration date: _____		<input type="checkbox"/>	<input type="checkbox"/>	<b>APPLICANT'S SIGNATURE (use legal name)</b>		
5. Has your license ever been revoked or suspended? If yes, give date and reason: _____		<input type="checkbox"/>	<input type="checkbox"/>	First Name	Middle Initial	Last Name
(NOTE: When presenting a Certificate of Completion a medical report, vision, or drive test(s) by the licensing agent may also be required of a Driver Education student.)				I give my consent for this person to enroll in an approved Driver Education Course.		Date
				Driver Education Instructor ONLY		Date Signed
						DE-99 Rev. 3/11