

Mulvane High School

2017 Summer Driver's Education Enrollment Form / Contract
 Jay Ensley, Administrator

FOR OFFICE USE ONLY	
Date Received:	_____
Check #	_____ Cash

Students must be **14** on or before **April 13 and** have completed **8th grade** prior to the first date of class to be eligible for Driver Education in Mulvane/USD 263.

Return to the MHS or MMS counseling office by APRIL 13th with payment.

Student Name (*Legal*) _____
 (Last) (First)

Birthdate _____ Current Grade _____ Home Phone _____

Parent(s)/Guardian(s) Name: Mother _____ Father _____

Work Phone Numbers: _____

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 - AM
Classroom Time	June 5 - 23, 2017 8:00 - 10:00 AM
Driving Time (1 week 2 hours a day)	June 5 - July 22, 2017
_____	8:00 - 10:00 AM
_____	10:00 AM - 12:00 PM
_____	1:00 - 3:00 PM
_____	3:00 - 5:00 PM

	SESSION 2 - PM
Classroom Time	June 5 - 23, 2017 1:00 - 3:00 PM
Driving Time (1 week 2 hours a day)	June 5 - July 22, 2017
_____	8:00 - 10:00 AM
_____	10:00 AM - 12:00 PM
_____	1:00 - 3:00 PM
_____	3:00 - 5:00 PM

Payment is due in full by April 13th. The fee for 2017 is \$145.00. Fees can not be waived. Students will also complete a DE99 form (Kansas Driver Education Permit). Checks should be made payable to USD 263.

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

No EXCEPTIONS - Driver Education must be your priority during class and driving times.

For example: Driver Education takes precedence over summer team camps, vacation and other activities.

Conflicts: Please list any conflict and the date(s) and/or time of the conflict.
 (Including if they need a specific partner for transportation.)

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

**** All sections of attached questionnaire must be completed****

2017 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 13th, 2017.
FORMS MAY BE RETURNED TO THE HIGH SCHOOL OR MIDDLE SCHOOL COUNSELING OFFICE.
A PRACTICE FORM IS ATTACHED AND MUST BE COMPLETED PRIOR TO ENROLLMENT BEING ACCEPTED.
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 \$145.00
must be received by APRIL 13th, 2017 to be enrolled in the Drivers Education Program.
Check/Money Orders are made payable to USD 263.
Late forms will not be accepted.**

DRIVER EDUCATION APPLICATION - PRACTICE FORM



(Must be completed and signed by Parent/Guardian and Student to be enrolled.)

School Information *Mulvane High School will complete this section*

Instructor's First Name: _____

Instructor's Last Name: _____

Instructor's Phone Number: _____ (ex. 555-555-5555)

Instructor's Email: _____

School Name: Mulvane High School

School Address Line 1: 1900 N. Rock Road

School City: Mulvane

School State: KS

School Zip: 67110

USD No: 263

Student Information

Please print neatly and/or circle the correct response.

Legal First Name: _____ **Name as it appears on Certificate of Birth**

Middle Name: _____

Second Middle Name: _____

Legal Last Name: _____

Suffix: _____ (Junior, Senior, I, II, III, IV, V VI)

Phone Number: _____ (ex. 555-555-5555)

Address Line 1: _____

Address Line 2: _____

City: _____

State: KS

Zip: _____

Sex: Male/Female

Date of Birth: _____

Eye Color: _____

Do you wear Corrective Lenses?: Yes / No

Height: _____ Ft. _____ In

Weight in lbs: _____

Medical, Vision and License Questions

Please print neatly and/or circle the correct response.

Are you a resident of Kansas? Yes/No

In the last 6 months, have you attempted and failed any testing 4 times at a Kansas Driver’s License Exam Station? Yes/No If yes, when: _____

Medical, Vision and License Questions cont.

Please print neatly and/or circle the correct response.

Do you have any physical limitations that may require car modifications? Yes/No

If yes, describe: _____

Do you currently have any physical, medical, vision or mental condition(s) that could make it difficult to operate a motor vehicle safely? Yes/No

If yes, name of condition(s): _____

If yes, name of prescribed medication (s): _____

(Do not include any antibiotics, allergy medicines, aspirin/Tylenol, or birth control.)

Have you suffered a seizure in the last six months? Yes/No

If yes, describe type and occurrence date: _____

Are you currently enrolled in drug rehabilitation or a habitual user of drugs or alcohol? Yes/No

If yes, describe: _____

Do you have a current Kansas driver’s license **(including a Learners Permit)**? Yes/No

If yes, enter Driver’s License Number: _____

Is your license now or has it ever been suspended/restricted/revoked in Kansas or any other state? Yes/No

If yes, give date and reason.

Reason: _____

Please Circle One: Suspension / Restriction / Revocation Date: _____ (mm/dd/yyyy)

Has your license/permit been surrendered to law enforcement due to the refusal or failure of a chemical test for drugs or alcohol? Yes/No

If yes, describe: _____

Is your license/permit suspended/canceled/revoked by any court pending review? Yes/No

If yes, describe: _____

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

Do you need Vision Correction? Yes/No

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

Are you lawfully present in the United States? Yes/No

Do you understand that your answers to these questions, if answered falsely, may be grounds for prosecution? Yes/No Signature of Student: _____

Date Signed: _____

Do you understand that your answers to these questions, if answered falsely, may be grounds for prosecution? Yes/No Signature of Parent/Guardian: _____

Date Signed: _____

The above information supplied for data entry has been transferred to the Driver’s Education Portal and is true and factual to the best of my knowledge.

Signature of Instructor/Clerk: _____

Date Signed: _____

COMPLETED FORM MUST ACCOMPANY ENROLLMENT APPLICATION AND PAYMENT