

DAVIS HIGH SUMMER DRIVERS EDUCATION 2020

1. We must have at least 30 students registered in each session to run this program.
2. The cost is **\$140.00** and is due when you register for the class.
3. We will run this class 9 weekdays in a row, 3 hours a day, in order to meet the 27 hours required by State Law. Students **MUST** attend all 9 days. There **WILL NOT** be makeup days. The class start time is 7:00/11:00 **AM**. The classroom is located in the A-Building on the corner of 400 East and 300 South, Room 105. ** Students will also have to drive with a road instructor for 12 hours **IN ADDITION** to the 27 hours of classroom time. This may be scheduled after the class is over.
4. Registration will be at Davis High School **beginning Monday May 4th** until classes are full. The Office hours are 7:00 AM to 3:00 PM. Applications are taken on a first come, first served basis (**DAVIS HS BOUNDARY STUDENTS PRIORITY**) and late registrations will only be considered if there is room in a class. **NO** late registrations will be accepted after the class start date.
5. Students must be 16 years of age on or before December 31, 2020 to take Summer Drivers Education. (**DAVIS HIGH BOUNDARY STUDENTS PRIORITY**)
6. You must take the State Handbook test from the Driver License Division and have your learner permit **BEFORE** you can register for the class. **Students must have a minimum of 20 hours of driving with a parent as this is an accelerated course.** Section 1 Monday, June 8th through Thursday, June 18th(7:00am-10:00am) ***MORNING** Section 2 Monday, June 8th through Thursday, June 18th(11:00am-2:00pm) ***AFTERNOON**

You will receive your 1st choice unless that section is already full or unless there are not enough registered students to hold that section. WE WILL ONLY NOTIFY YOU IF THERE IS A PROBLEM WITH YOUR 1ST CHOICE. (**DAVIS HS BOUNDARY STUDENTS PRIORITY**)

PLEASE KEEP THE TOP PART OF THIS FORM FOR INFORMATION REGARDING THE CLASSES.

Davis High School Summer Drivers Education Registration Form

NAME: _____ (First, Middle, Last as appears on Birth Certificate)

Learner Permit # (MUST HAVE): _____ Student Number: _____

Birth Date (Month, Day, Year): _____ School Attending Next Fall: _____

Home Number: _____ Cell Number: _____ Parent's Cell: _____

Section (First Choice) _____ Section (Second Choice) _____

Amount Received: \$140.00 _____ Please attach receipt copy