

Student's Name _____ Grade _____ Home Phone _____

Address _____ Zip _____

Parent/Guardian Name _____ Other Phone _____

Email Address _____

Emergency Contact _____ Phone _____

- * Check
- * Money Order
- * Visa
- * Master Card
- * Discover

Please complete if paying by credit card:

Name as it appears on Card _____

Number: _____ - _____ - _____ Exp. Dat _____

Authorization Signature _____ Date: _____

Community Schools Release Statement

I recognize the risk of illness and injury inherent in any program and am participating in the express agreement and understanding that I am hereby waiving and releasing the instructors and Catalina Foothills Community Schools from and against all claims, costs, liabilities, expenses, or judgments, including attorney's fees and court costs arising out of participation in the program. I hereby agree to the aforementioned statement and release Community Schools and its associates of any financial and/or medical obligation which might be incurred. The following signature authorizes the Catalina Foothills Community Schools to pursue any emergency measures for my child and it is my agreement to pay all costs of collections. The following signature also indicates that all information provided, including name(s), address(es), phone number(s), grade level, and school in which student is currently enrolled are accurate, and acknowledge that false information provided will result in removal from enrolled class(es) without refund or credit. The following signature acknowledges that my student must adhere to all Catalina Foothills School District governing board policies and I agree to review such policies with my child(ren). Also, that Community Schools and its employees reserve the right to remove my child(ren) from any class for disciplinary reasons on a temporary or permanent basis, without refund or credit. The following signature also allows pictures to be taken of my child(ren) for future publication.

Parent or Guardian Signature _____ Date _____

Driver's Education

If you will be 15 years and 6 months old by the class date and have your permit, you are eligible for driver's education this quarter. Each session includes: eight hours of classroom instruction completed on one of the dates listed below and four, one and a half hour sessions of private behind-the-wheel segments.

If you cancel, change or do not attend your Driver's Education class, you must register for the class again. There will be an additional registration fee.

Classes are from 1:00pm-5:00pm

Fees: A \$25 registration fee is payable to Community Schools at the time of registration.

Once you register pick up or download the Academy of Driving packet, fill it out and turn it in to the Academy of Driving along with your payment of **\$335** at least 10 days prior to the class.

Please check which session you want to attend.

Tuesday, June 13 & Thursday, June 15

Tuesday, July 11 & Thursday, July 13