MT MARKHAM DRIVER EDUCATION ENROLLMENT FORM

PLEASE choisir BY CIRCLING: IN-CAR INSTRUCTION ($370) OR PARENT-INSTRUCTED DRIVING ($220)

PRICING: PARENT-INSTRUCTED DRIVING is $220; In-Person (In-Car) from 3-4:30pm M-W-F is $370; Mount Markham Students receive an automatic $20 discount

Please print, fill and sign this document or FILL OUT ONLINE
Payment must be received at Mount Markham Central School by JANUARY 6TH, 2023

By completing and signing this document, I affirm that:

• I currently hold and will maintain a valid New York State Driver License while providing in-car instruction to my child during this course.

• My child will hold by 1/6/2023 and will maintain a valid New York State Driver Permit/License while receiving in-car instruction during this course.

• The car in which my child is receiving in-car training is currently and will continue to be legally registered, inspected, and fully insured during this course.

• FOR PARENT-INSTRUCTED OPTION: My child will receive a minimum of 24 hours of combined in-vehicle instruction, observation and applied practice that includes at least 6 hours of behind the wheel driving and 18 hours in-car observation/instruction under my supervision.

• I assume full responsibility for the health and safety of my child while they are receiving instruction under my supervision.

• The Mount Markham School District and their employees are held harmless to any liability of any injury and/or property damage to me, my child or other individuals while my child is receiving in-car training under my supervision.

• I understand that my child will earn the MV-285 at the end of the course, but that my child will not receive class credits towards graduation at his/her respective school

• I give Mount Markham CSD, and their employees, including Mr Wallace, permission to attend to any immediate medical matters that my child may encounter while participating in the in-car portion of driver education at Mount Markham

• Duplicate copies will cost $20 and may require up to 5 months to process

I am the supervising parent/guardian of

________________________________________________________________________________________
(Student’s First Name)                                              (Student’s Last Name)                                              (Student’s Middle Initial)

and I grant permission for him/her to enroll in the Mount Markham Driver and Traffic Safety Education Program.

_________________________             _________________________________        __________________
Parent’s Name (Please Print)                                                                                                Parent’s Signature                                                                                      Date

Parent’s Phone___________________________        Parent’s email______________________________________

Student’s PERSONAL GMAIL__________________________________________________________ (required for Our Google Classroom and ZOOM)

COUPON CODE or PERSON WHO RECOMMENDED YOU TO THE COURSE
Email of Person who recommended you: ________________________________________________

TO ENROLL, MAIL THE FOLLOWING:
• Student’s NYS driver permit/license
• CHECK made out to Mount Markham CSD
• ENROLLMENT FORM

Mail to:
Mr. Robert Wallace
Driver Education
Mt Markham High School
500 Fairground Rd.
West Winfield, NY 13491