

# REGISTRATION & CONSENT FORM

DRIVER EDUCATION, KCSU, 94 Mary's Ave, Kingston, NY 12401

PLEASE PRINT CLEARLY

**STUDENT INFORMATION:**

PRINT FULL LEGAL NAME: \_\_\_\_\_  
Last First Middle

STREET ADDRESS: \_\_\_\_\_  
Street City State Zip

MAILING ADDRESS, IF DIFFERENT THEN ABOVE \_\_\_\_\_

PERMIT/DRIVER LICENSE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Daytime Phone Cell Phone - For class text messages Evening/Alternative for text messages

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ / / \_\_\_\_\_  
Date of Birth Name of High School

CIRCLE CLASS LOCATION: Highland Kingston Marlboro New Paltz Onteora Rondout Valley Saugerties Wallkill

**PLEASE INDICATE AT LEAST 3 TIMES THAT YOU COULD SCHEDULE DRIVING TIME**

In order of preference, number ONLY the days of the week you are available for driving lessons ( ) and the earliest time you can drive. This is a request only and there are times when you may not get any of your choices. Drive times may be as late as 5:30pm.

( ) MON \_\_\_\_\_ ( ) TUE \_\_\_\_\_ ( ) WED \_\_\_\_\_ ( ) THU \_\_\_\_\_ ( ) FRI \_\_\_\_\_

FEE: \$579 ( ) VISA ( ) MASTERCARD ( ) DISCOVER ( ) CASH ( ) CHECK ( ) MONEY ORDER

CREDIT CARD: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_  
Print - Name on Credit Card Credit Card Number Exp. Date CCV Code

ADDRESS OF CARDHOLDER (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

**CONSENT: I GIVE MY CHILD PERMISSION TO ENROLL IN SUNY UISTER'S DRIVER EDUCATION PROGRAM.**

PARENT/GUARDIAN (PRINT) SIGNATURE DATE

PARENT/GUARDIAN PHONE NUMBER(S) EMAIL: \_\_\_\_\_

**OFFICE USE ONLY**

ASSIGNED DRIVING TIMES: \_\_\_\_\_

ASSIGNED LECTURE TIMES: \_\_\_\_\_