

2017 APPLICATION TO Hermiston School District DE program

(Please PRINT clearly the following information)

LEGAL NAME: _____ /_____/_____
Last First Middle Initial Birthday

ADDRESS: _____
Street City Zip County

M F (Circle One) _____
Age Grade High School Permit #

HOME PHONE: _____ CELL PHONE: _____ Session: Spring ___ Summer ___

I wish to make application to participate in the Hermiston School District DE program. I am willing to give the necessary time and effort in order to fulfill the requirements of this ODOT approved course.

It is further understood that it is necessary to pay \$ 255.00 refundable only if I withdraw 2 days prior to the start of class. Please make checks payable to "Hermiston High School." Or use PayPal on the Hermiston High web page.

If you qualify for free/reduced lunch, and do not attend HHS, you must supply a letter or document from your district saying that your student qualifies to receive the reduced tuition of \$175.

I understand that I am covered by the programs insurance while driving in the education vehicles only, and that I am required to drive **at least 7** additional hours outside of class with a parent/guardian who has insurance coverage on their personal vehicle. **At least two hours must be at night.**

I understand that I must have my Oregon Instruction Permit before the beginning the classroom portion of the course and that I must bring my Oregon Instruction Permit to every behind-the-wheel (BTW) lesson. To cancel a pre-arranged (BTW) lesson, I must notify the instructor at least one day in advance. If I do not bring my driving permit, do not bring my required glasses/contacts, do not appear for a drive, or do not notify the instructor in a timely fashion, I will pay a \$ 25.00 cancellation fee before the next drive. Students wishing additional drive time will be charge \$ 25.00 per hour for each required lesson. Any student who is, by the judgment of the instructor, under the influence of intoxicants will be dismissed and disciplinary action will take place with the school district. **I understand that if my son/daughter receives a driver's license before the end of the driver's education session I will be responsible to pay an additional \$210)**

I realize I must understand and agree to comply with the requirements as stated in the Hermiston School District DE program given at the parent/student meeting. These requirements will be presented at the meeting. It is my responsibility to attend the meeting with my child, if I do not attend with my child, my child will need to make-up the time missed. If I have questions or concerns, I must contact my instructor.

(Student Signature)

(Parent / Guardian Signature)

(OVER...to complete the confidential health information side)

(Revised 5-2012)

Hermiston School District DE program
CONFIDENTIAL HEALTH INFORMATION

PARENT OR GUARDIAN NAME: _____

PARENT OR GUARDIAN WORK TELEPHONE # _____

1. Please circle below any physical or medical limitations that your teenager may have:

Hearing Problems	Yes	No	Allergies	Yes	No
Vision Problems	Yes	No	Epilepsy	Yes	No
Diabetes	Yes	No	Fainting Spells	Yes	No
Heart Trouble	Yes	No	Paralysis	Yes	No
Orthopedic Problems	Yes	No	Cerebral Palsy	Yes	No
Chronic Illness	Yes	No	Asthma	Yes	No

Other Special Needs: (describe)

Please describe any "YES" answer in detail.

2. Is your son or daughter taking any medication regularly? Yes No

If "Yes," please list medicine: _____

Describe any side effects: _____

3. Does your son or daughter have any specific learning disabilities (including reading difficulties) which might hinder progress or limit participation in either the classroom or behind-the-wheel activities? Yes No

If "Yes," explain: _____

4. Has your son or daughter been convicted of a Minor in Possession, a DUI, a DWI, or any other offense which would restrict their driving privilege? Yes No

If "Yes," explain: _____

5. Do you wish to schedule a conference with the TSE instructor? Yes No

I fully approve of my son/daughter enrolling in the Hermiston School District DE program Traffic Safety Program and will provide seven or more hours of supervised behind-the-wheel practice in addition to the minimum six hours of in-car lessons provided by the Hermiston School District DE program driving instructors. An average of two to three hours of adult-supervised driving to each hour of Hermiston School District DE program behind-the-wheel instruction is recommended.

Parent or Guardian Signature

Date

NOTE: Return this completed application form, along with a check or paypal receipt to "Hermiston High School," and taken to the bookkeeper during the sign-up dates.

(Revised 5-2012)