

# DRIVERS EDUCATION PROGRAM 2024-2025

Clayton High School, #1 Mark Twain Circle, Clayton, MO 63105

The Drivers Education Program sponsored by the School District of Clayton includes the following components:

- Parent/Student Orientation Meeting
- 12 hours of class instruction/discussion
- 6 hours of individual driving instruction
- 6 hours of driving observation

**Eligibility:** Students must be 15 years of age before the first day of class  
\*This is a state law and no exceptions can be made

**Cost:** **\$425 resident/patron student** **\$475 non-resident student**

A parent/student orientation meeting will be held in the CHS Auditorium on the first day of class. After the meeting, students will continue with the classroom instructions in Health Classroom A

COVID REQUIREMENTS: Prior to the start of the first session, all parents will need to Complete the Permission & Waiver of Liability form found on the Drivers Ed webpage.

**Fall:** October 26 - November 23  
Class: October 26 (Parent/Student meeting) Time: 8:30am - 11:00am  
Class: Nov. 2, 9, 16 & 23 Time: 8:30am - 11:00am

**Winter:** January 25 - March 1 (no class Feb 15)  
Class: January 25 (Parent/Student meeting) Time: 8:30am - 11:00am  
Class: Feb. 1, 8, 22, March 1 Time: 8:30am - 11:00am

**Spring:** April 5 - May 3  
Class: April 5 (Parent/Student meeting) Time: 8:30am - 11:00am  
Class: April 12, 19, 26 & May 3 Time: 8:30am - 11:00am

**Summer 1:** June 2 - June 23 (Drive times offered through July 13)  
Class: June 2 (Parent/Student meeting) Time: 5:30pm - 8:00pm  
Class: June 5, 9, 16 & 23 Time: 4:00pm - 6:30pm

**Summer 2:** July 30 - Aug 5 (Drive times offered through Aug. 17)  
Class: July 30 (Parent/Student meeting) Time: 8:00am - 10:30am  
Class: July 31, Aug 1, 4, & 5 Time: 8:00am - 10:30am

On-the-road-training is arranged between instructor and student outside of classroom instruction.  
**CHECK RECEIVED/DEPOSITED UPON ACCEPTANCE IN SESSION**

For any questions, please call/leave a message at 314-854-6600 and your call will be returned.  
Return bottom of this form to the CHS front receptionist; space is limited so please register early

**Make check payable to: The School District of Clayton**  
**DRIVERS EDUCATION ENROLLMENT FORM FOR 2024-2025**

Student's Name: \_\_\_\_\_ Current Grade: 9 10 11 12  
Session (circle one): Fall Winter Spring Summer 1 Summer 2

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ School: \_\_\_\_\_

Parent: \_\_\_\_\_ Signature: \_\_\_\_\_

Email (Please print clearly) : \_\_\_\_\_

Covid 'Permission & Waiver' submitted: Y / N (to be filled in by Drivers Ed representative)