DRIVERS EDUCATION PROGRAM 2019 - 2020

Clayton High School • #1 Mark Twain Circle • Clayton, Missouri 63105-1613

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

Parent Name __

Students must be 15 years of age before the first day of class. Eligibility:

This is a state law no exceptions can be made.

Cost: \$425.00 resident/patron student \$475.00 non-resident student

After the meeting students will continue with classroom instruction in Health Classroom A.

Parent/student orientation meeting will take place in the CHS Auditorium. Fall: October 5- November 9, 2019 (No class November 2) Class: 10/5 (Parent/Student Meeting) Time: 8:30 am - 11:30 am Time: 8:30 am - 11:00 am Class: 10/12, 10/19, 10/26, 11/9 Winter: (No class February 15) January 25 - March 7, 2020 Class: 1/25 (Parent/Student Meeting) Class: 2/1, 2/8, 2/22, 2/29, 3/7 Time: 8:30 am - 11:00 am Time: 8:30 am - 10:30 am Spring: March 28 - May 9, 2020 (No class April 11) Class: 3/28 (Parent/Student Meeting) Time: 8:30 am - 11:00 am Time: 8:30 am - 10:30 am Class: 4/4, 4/18, 4/25, 5/2, 5/9 Summer 1: June 1 - June 22, 2020 Class: 6/1 (Parent/Student Meeting) Time: 6:00 pm - 8:30 pm Class: 6/4, 6/8, 6/11, 6/15, 6/22 Time: 4:00 pm - 6:00 pm Summer 2: July 20 - July 24, 2020 (Students will have until 8/21 to complete driving time) Class: 7/20 (Parent/Student Meeting) Time: 8:00 am - 11:00 am Class: 7/21, 7/22, 7/23, 7/24 Time: 8:00 am - 10:30 am On-the-road-training is arranged between instructor and student outside of classroom instruction. CONFIRMATION POSTCARD WILL BE SENT UPON ACCEPTANCE INTO SESSION. PLEASE BRING CONFIRMATION WITH YOU THE FIRST DAY OF CLASS. Please contact Terri Halsey (314) 854-6616 if you have any questions. Return bottom portion of this form. Make checks payable to School District of Clayton. **DRIVERS EDUCATION ENROLLMENT FORM 2019-2020** SPACE IS LIMITED. PLEASE REGISTER EARLY (Please print) Student's Name Session: Fall 2019 Winter 2020 Spring 2020 Summer 1 2020 Summer 2 2020 (circle one) Address Zip code Date of Birth _____Telephone___ School District Current Grade: 9 10 11 12 School

____ Signature _