

**Sedalia School District #200**  
**Summer School Driver's Education 2025**  
**STUDENT Application for Admission/Scheduling**  
**Return Application to Central Office at 2806 Matthew Drive**

**Note: The session below is for class time only and does not include required drive times**

June 2 – July 1, 2025 (no class on June 26 & 27)

Monday - Friday, 10:00 a.m. – 11:30 a.m.

Smith-Cotton Jr. High School Little Theater

**STUDENT MUST POSSESS A LEARNER'S PERMIT FOR THE DRIVING PORTION OF THE COURSE.**

All students who are admitted to take the Driver's Education course must demonstrate a level of competency in a controlled driving area (parking lot, fairgrounds, etc.) before moving on to public roads. The decision to advance through each step of the course is committed to sound professional judgment of the professional instructor.

**Student Name** \_\_\_\_\_ **Current Grade** \_\_\_\_\_

**Age** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **Current School Attending** \_\_\_\_\_

**Home Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home phone** \_\_\_\_\_ **Cell phone** \_\_\_\_\_ **email address** \_\_\_\_\_

**Parents'/Guardians' Names** \_\_\_\_\_

**Father's Place of Employment** \_\_\_\_\_ **Work phone** \_\_\_\_\_

**Mother's Place of Employment** \_\_\_\_\_ **Work phone** \_\_\_\_\_

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List the person to call if there is an emergency at school this summer and neither parent can be reached:

**Name** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

In case none of the above can be reached, I give permission to obtain emergency medical services for my child and I accept responsibility for all medical expenses.

Please contact our family physician first - **Doctor's Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_

If hospital services are necessary, our information is: \_\_\_\_\_

(Insurance Provider & Policy #)

Special medical information regarding my child, such as medications needed during the morning hours, allergies, play restrictions, etc.: \_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_