

Sedalia School District #200
Summer School Driver's Education 2020
STUDENT Application for Admission/Scheduling

**DRIVER'S
EDUCATION**

Return Application to Central Office at 2806 Matthew Drive
Course will be capped at 20 students (first come, first serve)

Social Distancing:

- Maintaining six feet of social distancing as much as is reasonable.

Sanitation:

- Daily classroom cleaning.
- Proper handwashing practices implemented.
- Students are encouraged to bring water bottles filled from home.

Masks:

- Teacher and students are required to wear masks during drive time.

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** _____

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

June 7 – July 2, 2021
10:00 a.m. – 11:30 a.m.
Smith-Cotton Jr. High School Little Theatre

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.

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** _____