



WHRSD

DRIVER EDUCATION

REGISTRATION PERMISSION SLIP

(This permission slip must be sent to the Driver Ed office to complete registration)

I have read the attached guidelines for the Driver Education program and would like to register my student

_____ for the (month) _____ class.

Students must be 15 yr. 9 mo. on the first day of class: DOB ___/___/___

Please select one:

_____ I will be attending the upcoming parent class.

_____ I have attended a parent class at WHRSD in the last 5 years. (Student attended for: _____)

_____ I have attached a parent participation certificate (valid for 5 years) from another driving school.

Payment method: Deposit of \$300 must accompany registration

_____ Online Payment- www.ssreg.com/whitmanhanson _____ Check Enclosed-payable to WHRSD

_____ I understand the **final payment of \$400.** will be due at the half way point of the classes.

***Students with unpaid balance will not be allowed to take the final class and final exam until payment is made in full.**

We strive to provide your student with a personalized learning experience, throughout the driving portion of our program. Please provide the Driver Ed office with any information you feel may guide us to better understanding your students learning style.

Parent Signature: _____ Phone: _____ Date: _____

Parent Name (print): _____ Parent Email: _____