COMMUNITY HIGH SCHOOL DISTRICT 94
WILDCAT DRIVING SCHOOL
REGISTRATION FORM

PLEASE PRINT:

Student Name_____

ID# _____

Address _____

City _____

Phone Number_____

Cell Phone _____

E-mail_____

Date of Birth _____ Age _____

____10_____11_____12____
Year in School *(circle one)*

_____
Student Signature

_____
Parent/Guardian Signature

Circle which quarter you would like to take BTW:

QTR-1 QTR-2 QTR-3 QTR-4   JULY-AUGUST

CHECK ONE: Before School_____
                       After School_____
                       Summer_____

Counselor's Name

Name of classroom Drivers Ed. Teacher

When did you take classroom Drivers Ed?

BTW FEE: $300.00 due upon registration. Make checks payable to: **COMMUNITY HIGH SCHOOL**

BTW ONLY: Pre-requisite: Classroom completion with passing grade.

PAYMENT MADE BY: _____
Check_____
Cash_____
Credit Card:_____

I acknowledge that my student will be dropped from the Wildcat Driving School on the 2nd absence and that NO EXCEPTIONS WILL BE MADE.

_____   _____
Parent/Guardian Signature   **Date**

NOTE: Openings are filled on a first-come; first-serve basis and a limited number of seats are available.

1) No applications will be accepted without ALL signatures.
2) No applications will be accepted without full payment of fees.
3) Registration fee ($300.00) is due with this application.
4) Student must have passed eight (8) classes in the previous two semesters.