

# Meade School District

## DRIVER EDUCATION

2019 Spring Registration

- REGISTRATION DEADLINE:** April 30, 2019 (Registrations close if class fills before 04/30/19)  
**Limited seats available so register early.**
- REGISTRATION FEE:** \$274.00
- CLASS DATES and TIMES:**

Monday, May 20	3:30 – 5:30	Thursday, May 30	9:00 AM – 12:00
Tuesday, May 21	3:30 – 5:30	Friday, May 31	9:00 AM – 12:00
Wednesday, May 22	3:30 – 5:30	Monday, June 3	9:00 AM – 12:00
Thursday, May 23	3:30 – 5:30	Tuesday, June 4	9:00 AM – 12:00
Tuesday, May 28	9:00 AM – 12:00	Wednesday, June 5	9:00 AM – 12:00
Wednesday, May 29	9:00 AM – 12:00		
- CLASS LOCATION:** Sturgis Brown High School Room 123
- STUDENTS **MUST** BE 14 YEARS OF AGE.
- It is **strongly recommended** and preferred that students have their Instruction Permit (SD Learner's Permit) prior to the start of this class.
- DRIVING:** **Six hours of driving** is required. Times are individually scheduled with the instructor. Driving times to be completed **by the first week in July 2019.**
- Students must attend 30 hours **mandatory** classroom time. **NO EXCEPTIONS!**
- REGISTRATION FORMS** are available at the main office at Sturgis Williams Middle School, 1425 Cedar Street, Sturgis, and the main office at Sturgis Brown High School, or online at [www.meade.k12.sd.us](http://www.meade.k12.sd.us) . Registration forms may be mailed to: Sturgis Brown High School, 12930 E. Highway 34, Sturgis, S.D. 57785. For further information call Sturgis Brown High School at 347-2686 and ask for Dadra Avery.

**DRIVER EDUCATION REGISTRATION**

*FEE: \$274.00 paid at registration*

**REGISTRATION AND FEE DUE:** April 30, 2019

(Registrations close if class fills before 04/30/19)

This class has a limited enrollment; therefore, confirmation by payment in advance is necessary to verify registration. A \$20 processing fee will be deducted from all refunds. No refunds after April 30<sup>th</sup>

STUDENT'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

GRADE NOW \_\_\_\_ (2018-19)      MALE \_\_\_\_      FEMALE \_\_\_\_

PHONE # (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

I, \_\_\_\_\_ CONSENT TO HAVE  
(parent/guardian)

\_\_\_\_\_ ENROLLED IN DRIVER EDUCATION.  
(student)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Emergency Medical Care Authorization**

I hereby give permission for emergency medical treatment for my child if requested by Meade School District Drivers Education Program.

Please note that my child is allergic to the following medications: \_\_\_\_\_

It is also important to note that my child has the following special medical conditions:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date