

# Meade School District

## DRIVER EDUCATION

2017 Spring Registration

1. **REGISTRATION DEADLINE:** April 21, 2017 (Registrations close if class fills before 04/21/17)
2. **REGISTRATION FEE:** \$274.00
3. **CLASS DATES and TIMES:**  
  
Mon/Tues/ Thurs/Fri from 3:30 p.m.—5:30 p.m. May 08, 2017 (excluding May 18<sup>th</sup>) until the last day of school and then M-F 9:00 a.m. – Noon until class time is finished
4. **CLASS LOCATION:** Sturgis Brown High School Room TBA
5. STUDENTS **MUST** BE 14 YEARS OF AGE.
6. It is **strongly recommended** and preferred that students have their Instruction Permit (SD Learner's Permit) prior to the start of this class.
7. **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 2017.**
8. Students must attend 30 hours **mandatory** classroom time. **NO EXCEPTIONS!**
9. **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 at the Meade School District Curriculum and Technology Office in the Francis Case Building at 1610 Fulton Street, Sturgis. Registration forms may be mailed to: Meade School District, 1230 Douglas Street, Sturgis, S.D. 57785. For further information call the curriculum and technology office at 347-4454.

SCHEDULE SUBJECT TO CHANGE
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**DRIVER EDUCATION REGISTRATION**

*FEE: \$274.00 paid in advance*

**REGISTRATION AND FEE DUE:** April 21, 2017  
(Registrations close if class fills before 04/21/17)

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 24<sup>th</sup>

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

GRADE \_\_\_\_ (16-17) MALE \_\_\_\_ FEMALE \_\_\_\_ PHONE # (W) \_\_\_\_\_

(H) \_\_\_\_\_

(EMERGENCY #) \_\_\_\_\_

MAILING 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