



**Grand Island Central School District – Driver Education Program**  
**February 4, 2025 – June 5, 2025**  
 Permission/Registration Application

PLEASE PRINT CLEARLY. This information will be used to complete your Certificate of Completion. Be sure it is correct!

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Name & address must match permit/license exactly

Address: \_\_\_\_\_

City / Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent email Address: \_\_\_\_\_

Parent Cell Number: \_\_\_\_\_ Student Cell Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Note: Must be 16yrs. old and have permit by **February 4, 2025**  
 Mo. Day Year

Permit 9 Digit ID# \_\_\_\_\_

**\*\*Attach a clear photocopy of permit / license\*\***

**In-Person Classroom Instruction (Tuesdays from February 4, 2025 – June 3, 2025, 3:15 – 4:45 pm)**

Students are required to attend all 16 sessions of in-person classroom instruction (HS location TBD).

**Students may have no more than 2 absences**, and absences will only be allowed due to medical needs or unavoidable emergencies. Make-up classes are required for any absence.

**No classroom instruction on February 18, 2025 and April 15, 2025 due to holiday recess.**

**Driving Instruction (February 4, 2025 – June 5, 2025)**

**STUDENTS MUST BRING THEIR DRIVERS LICENSE/PERMIT TO EVERY LESSON OR THEY ARE UNABLE TO DRIVE.**

Students are required to attend all 16 sessions of behind the wheel instruction for this program. **Any missed session is required to be made up and will incur a \$50 fee for each missed driving session.** Failure to make up a missed session will prevent a student from obtaining the MV-285 Student Certificate of Completion. Please list your preference below, it will be on a first-come, first-serve basis. We cannot guarantee your request will be honored.

**No driving instruction on February 18, 2025-February 20, 2025; April 15, 2025-April 17, 2025 due to holiday recess.**

Circle two preferred timeslots for the driving instruction (1<sup>st</sup> choice, 2<sup>nd</sup> choice)

*Please write any requests, conflicts, or notes on the back of this application.*

<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>
4:50 – 6:20 pm	3:10 – 4:40 pm	3:10 – 4:40 pm
6:30 – 8:00 pm	4:50 – 6:20 pm	4:50 – 6:20 pm
	6:30 – 8:00 pm	6:30 – 8:00 pm

You must have a valid **New York State** permit or license in order to participate in the program.

**Student Certificate of Completion** will be available for pick up approximately 2 weeks after the program is complete.

I, \_\_\_\_\_, give my child, \_\_\_\_\_,  
 Print Parent Name Print Student Name

permission to enroll the Driver Ed Program conducted at Grand Island Central School for the Spring 2025 session.

The signatures below acknowledge that you have read and understand the information stated on this registration application.

\_\_\_\_\_  
 Parent Signature Student Signature \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Date

1. The Registration Application, Copy of Permit/License, and Check in the amount of \$735 payable to: **“Grand Island Central School District”** is due by and no later than **Friday, January 10, 2025** by 3:00 pm. Checks will be deposited within a week the Driver Ed program starts.
2. The Registration Application and payment can be dropped off at the high school main office to Mrs. Ziehm or mail payments to: Grand Island High School \* Attn: Mrs. Ziehm \* 1100 Ransom Road \* Grand Island \* NY \* 14072

**Refund Policy: No refunds will be given after January 10, 2025**

**School personnel use only:** Payment: Check # \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_