

SUMMER DRIVERS' EDUCATION 2023

USD 466

SCOTT COMMUNITY HIGH SCHOOL

Location: **Scott Community High School Commons area**

From: Allen Thornburg

620-214-2300 (cell) email (athornburg@usd466.org)

Enrollment fees of **\$220 per student** (includes all materials necessary for completion of course) are due the at pre enrollment

Pre Enrollment:

1. Online forms available from School website: <https://www.usd466.com> Send enrollment forms to athornburg@usd466.org,
2. In person enrollment is at the High School Annex, Rm 106, after school from **March 20-24** 3:30-4:30 week days.
Payment (check, card) will be made to SCHS, and dropped off to the high school office or sent to 712 Main St., Scott City, KS 67871, Attention : Allen Thornburg. **Class sizes are limited; to ensure your placement in the class, please pre-enroll. If your teen has any medical, physical, learning, or disability condition that SCHS needs to be aware of, please attach a separate letter with the information and include the Medical form also found on the web page.**

The state has minimum requirements that each student must meet to qualify for completion of the SCHS Drivers Education Program:

- 1) Each student must be 14 years old at the beginning of class, and have passed the 8th grade. 2) Each student must attend 30 hours of classroom instructional time and pass each section test with 80% or higher. Final must be taken onsite.
- 3) Each student will experience least 4 hours of "behind the wheel" instruction during class time to encourage the student to master driving objectives (time to be announced) 4) Each student must be in good standing with his or her school.
- 5) **Cost of Drivers Education Class is \$220 per student**
- 6) **Students must pass a Driver's Education Course to be eligible to apply for a restricted license at age 15 if not qualifying for a farm permit.**
- 7) **MANDATORY classroom time to meet state required hours.**

Pre enrollment

**online /
Annex Rm 106**

**March 20-24
3:30-4:30**

DRIVER EDUCATION CLASSROOM MEET TIME:

Classroom 8:00 -11:00 Am (All Classroom attendance is required)

Place- High school commons area- or to be announced

May 30-2

June 5-9

June 12 Final

DRIVING TIME: ASSIGNED BY GROUPS 8:00-5:30 p.m.

(Students will sign up for at least four driving times,
Need to attend only during their assigned driving time)
(Sign up will time for each student will be posted
during classroom time)

June 5-9

June 12-16

June 19-23

June 26-30



Student Information

Please circle the correct response.

Legal First Name : _____ **Applicant's full legal name on their application must match their legal documentation or will not be accepted at the exam station.**
Middle Name: _____
Second Middle Name: _____

Legal Last Name: _____

Student Email: _____

Suffix: _____ (Junior, Senior, I, II, III, IV, V VI)

Phone Number: _____ (ex. 555-555-5555)

Address Line 1 : _____ (Long addresses may continue)

Address Line 2 : _____

City: _____

State: KS

Zip : _____

Sex: Male _____ Female _____

Date of Birth: _____

Eye Color: _____

Corrective Lenses: Yes _____ No _____

Height : _____ Ft. _____ In

Weight in lbs: _____

Medical, Vision and License Questions

Please circle the correct response.

Are you a resident of Kansas? Yes _____ No _____

In the last 6 months, have you attempted and failed any testing 4 times at a Kansas Driver's License Exam Station? Yes _____ No _____

If yes, when : _____

Medical, Vision and License Questions cont.

Please circle the correct response.

Do you have any physical limitations that may require car modifications? Yes _____ No _____

If yes, describe: _____

Do you currently have any physical, medical, vision or mental condition(s) that could make it difficult to operate a motor vehicle safely? Yes _____ No _____

If yes, name of condition(s)/medications(s): _____

Have you suffered a seizure in the last six months? Yes _____ No _____

If yes, describe type and occurrence date: _____



Are you currently a habitual user of drugs or alcohol? Yes _____ No _____

If yes, describe: _____

Do you have a current Kansas driver's license? Yes _____ No _____

If yes, enter Driver's License Number: _____

Is your license now or has it ever been suspended/restricted/revoked in Kansas or any other state?

Yes _____ No _____

If yes, give date and reason.

Reason: _____

Suspension ___ Restriction ___ Revocation Date: _____ (mm/dd/yyyy) Has your license/permit been surrendered to law enforcement due to the refusal or failure of a chemical test for drugs or alcohol? Yes _____ No _____

If yes, describe: _____ Is

your license/permit suspended/canceled/revoked by any court pending review? Yes _____ No _____

If yes,

describe: _____

Medical, Vision and License Questions cont.

Vision Acuity: Right Eye 20/_____ Left Eye 20/_____

Do you need Vision Correction? Yes _____ No _____

If no, give last date vision was checked: _____

(mm/dd/yyyy)

If student has a valid permit acquired from the Driver's License exam Station (not an on-line permit) in their possession enter 20/40 for each eye as they have passed the eye test as the exam station.

Are you lawfully present in the United States? If you do not make such declaration, you will not be permitted to proceed with this permit application. Yes _____ No _____

The driving school instructor acknowledges that he or she understands that the applicant's lawful presence and Kansas residency documentation must be copied and retained by the driving school for a period of two (2) years.

Check Box if you so declare. Yes _____

Do you understand that your answers to these questions, if answered falsely may be grounds for prosecution?

Yes _____ No _____

Signature of Student: _____

Date Signed: _____

The above information supplied for data entry has been transferred to the Driver's Education Portal and is true and factual to the best of my knowledge.

Signature of Instructor: _____

Date Signed: _____