SCHOOL YEAR 2017-2018 CCSD DRIVERS' EDUCATION REGISTRATION FORM

PLEASE COMPLETE FORM NAME GIVEN WHEN CHILD REGISTERED FOR SCHOOL (Birth Names)

Student's Name_____ Date of Birth ___/_____/_____
LAST **FIRST** **MIDDLE** (not just initial)

Parent/Guardian Name (**name one**) _____ **Circle one**: Mother Father Guardian Other

Work Phone _____ Home Phone _____ Cell Phone _____

If you need to be contacted, which number would you prefer (check one): ☐ Work ☐ Home ☐ Cell

Alternate means of contact with Parent: e mail address: _____

Address _____
STREET CITY ZIP

School student attends _____ Grade _____ (**2017-2018** School Year)

Emergency Information: If we cannot contact parent, call:

Name_____Phone_____ Relationship _____

SESSION *	SCHOOL	DATES
_____	_____	_____

***You may list an alternate session if your first choice becomes full (i.e., under 'SESSION' put '1st Choice, Session 1, 2nd Choice, Session 4'.**
If you do this, you MUST include a self-addressed stamped envelope so you know which session student is assigned.

Checks should be made payable to: CHERRY CREEK SCHOOLS

PLEASE RETAIN A RECORD AS TO WHICH CLASS YOU HAVE REQUESTED. NO CONFIRMATIONS SENT.

** If paying by credit card, a processing fee of 3.6 percent will be automatically be added to this amount .

COST: $425.00 **

MAIL Registration Form and payment to:

CCSD Drivers' Ed Office
9150 East Union Avenue
Greenwood Village, CO 80111

IF YOU WANT A RECEIPT:
Please enclose self-addressed stamped envelope

I understand the risks involved in the operation of a motor vehicle for drivers' education purposes and I/we agree to waive any and all claims against the District, its agents, servants and employees and hereby release them from any claim, cause of action or demand I/we may have arising out of or in connection with any personal or bodily injury, death or property damage which the Student may sustain while participating in the Drivers' Education Program and agree to indemnify, save and hold the District, its agents, servants and employees, harmless from any claim demand or cause of action of whatsoever nature or kind asserted by or on behalf of the Student for any personal or bodily injury, death or property damage sustained by the Student during the Student's participation therein.

_____ _____
Parent/Guardian Signature Date

To pay with credit card (**NOT AMX**) please complete the following information completely and legibly. If all information is not included or cannot be read, it could delay the registration process. ** **If paying by credit card, a processing fee of 3.6 percent will be automatically added .**

PRINT Cardholder's Name _____

Card# ___ ___ ___ ___, ___ ___ ___ ___, ___ ___ ___ ___, ___ ___ ___ ___ (16 digits) Expiration Date ___ ___/ ___ ___ (4 digits)

Cardholder's Signature _____

REFUND POLICY

If you must withdraw from a session, you must make a request by the second day of class. You will be refunded $400.00 ($25.00 cancellation fee). To cancel- **call** 720-554-4343.

FOR OFFICE USE ONLY