

**Archbishop Rummel High School
Driver Education
3rd Quarter Course – 2017-2018**

	<u>Date</u>	<u>Time</u>	<u>Place</u>
Class # 1	Wednesday, February 14	7 AM-3 PM	Cafeteria
Class # 2	Thursday, February 15	7 AM-3 PM	Cafeteria
Class #3	Friday, February 16	7 AM-2 PM	Cafeteria
Class #4	Saturday, February 17	7 AM-2 PM	Cafeteria

The driving portion of the course will be scheduled during the classroom phase of the course.

Classroom Instructor: Troy Holley

**Driving Instructors: Troy Holley
Doug Neill
Graham Jarrott**

**DRIVER EDUCATION
ARCHBISHOP RUMMEL HIGH SCHOOL
THIRD QUARTER – 2017/2018**

- REGISTRATION:** You may register by one of the following methods:
- 1.) Fill in the registration form and turn it in at the reception desk during the school day.
 - 2.) Fill in the registration form and mail it to Archbishop Rummel High School in care of Troy B. Holley.
 - 3.) Attend the first day of class on February 14, 2018. If the class has not been filled, you may register at this time.
 - 4.) You may register anytime after January 16, 2018.
 - 5.) All registration forms must be turned in with a check payable to Archbishop Rummel High School.
 - 6.) The class will be limited to the first 40 students who have registered.
 - 7.) The student must be 15 years of age on or before February 14, 2018.

CLASSROOM: The classroom phase consists of 30 hours of classroom instruction. The 30 hours will be covered during 8 classroom days. Students are to bring pen, pencil, and paper to all class sessions. The exam will be given on the last day of class.

*** STUDENTS ARE NOT ALLOWED TO LEAVE CAMPUS WHILE
THIS COURSE IS IN SESSION.**

STREET DRIVING: The street driving phase consists of eight hours of street driving for each student.

COST: **\$415.00 – Make check payable to Archbishop Rummel High School**

REGISTER: Please send in the registration form with your check.

DATE RECEIVED _____

**DRIVER EDUCATION
ARCHBISHOP RUMMEL HIGH SCHOOL
REGISTRATION FORM
THIRD QUARTER – 2017/2018**

NAME _____ PHONE NUMBER _____

ADDRESS _____ CITY _____ ZIP _____

SCHOOL _____ GRADE THIS YEAR _____

SCHOOL ADDRESS _____

PARENT E-MAIL ADDRESS _____

PARENT SIGNATURE _____ DATE _____

*** CHECK MUST BE TURNED IN WITH YOUR REGISTRATION**

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OF ARCHBISHOP RUMMEL HIGH SCHOOL WHILE THIS
COURSE IS IN SESSION.**