



**Archbishop Rummel High School
Driver Education
1st Quarter Course – 2017-2018**

	<u>Date</u>	<u>Time</u>	<u>Place</u>
Class # 1	Saturday, September 2	7 AM-3 PM	Cafeteria
Class #2	Monday, September 4	7 AM-3 PM	Cafeteria
Class #3	Wednesday, September 6	3 PM-6 PM	Cafeteria
Class #4	Thursday, September 7	3 PM-6 PM	Cafeteria
Class #5	Saturday, September 9	7 AM-3 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**

DRIVER EDUCATION
ARCHBISHOP RUMMEL HIGH SCHOOL
First 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 September 2, 2017. If the class has not been filled, you may register at this time.
 - 4.) You may register anytime after August 3, 2017.
 - 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 December 9, 2017.

CLASSROOM: The classroom phase consists of 30 hours of classroom instruction. The 30 hours will be covered during 5 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
First 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.**