

Girard 2019 Drivers Education

To enroll in Drivers Education, complete the application and turn it in to the high school office **by May 8th** along with the \$130 fee. If you are unable to pay by May 8th, let Mrs. Hey know and you may pay it later. It must be paid in full by the first day of class in order to participate.

Nancy (in the nurse's office) will do vision screenings and provide Vision Acuity information (which is asked for on the top of page 3 of the application) after she receives a list of all students enrolling in Drivers Education. You should leave that section blank if you do not have the information from your optometrist and she will call you in for vision screening after May 8th.

Classes will begin July 1st and be held from 9 a.m. to 12 p.m. on the following dates in July: 1st, 2nd, 3rd, 8th, 9th, 10th, 11th, 12th, and 15th. Classes will be in a classroom in the middle school's 6th grade hall.

Driving schedules will be made the 1st day of class and I will try to work around students' schedules as best as I can.

You are allowed 1 absence only. If you are gone a second time, you will be dropped per state requirements.

Students in 8th grade this year may take Drivers Education if they meet the age requirement. Students must be 14 years old by December 31, 2019 to be eligible.

***Thank you,
Mr. Joseph Clark, Instructor***



School Information

Instructor's First Name: _____
Instructor's Last Name: _____
Instructor's Phone Number: _____ (ex. 555-555-5555)
Instructor's Email: _____
School Name: _____
School Address Line 1: _____
School Address Line 2: _____
School City: _____
School State: KS
School Zip: _____
USD No: _____

This section will be completed by the instructor

Student Information

Please circle the correct response.

Legal First Name: _____
Middle Name: _____
Second Middle Name: _____
Legal Last Name: _____
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: _____

Applicant's full legal name on their application must match their legal documentation or will not be accepted at the exam station.

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.

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: _____

Document that can be submitted as proof of lawful presence:

- I-327 (Reentry Permit)
- I-551 (Permanent Resident Card)
- I-571 (Refugee Travel Document)
- I-766 (Employment Authorization Card)
- Certificate of Citizenship
- Naturalization Certificate
- Machine Readable Immigrant Visa (with Temporary I-551 Language)
- Temporary I-551 Stamp (on Passport or I-94)
- I-94 (Arrival/Departure Record)
- I-94 (Arrival/Departure Record) in Unexpired Foreign Passport
- Unexpired Foreign Passport
- I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)
- DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)
- Other (Use Document description)