

Basehor-Linwood High School Driver Education

March 5, 2012

Dear Parent/Guardian,

Thank you for inquiring about our Driver's Education course for your son or daughter. (Driver's Education will consist of two sessions to choose from with 24 seats available per session). The first session will be offered June 4th – June 29 with the second session following on July 2nd - July 27th. Students must be 14 years of age by June 5th in order to enroll in this course.

Classroom instruction will be from 8:00-10:00 a.m., Monday-Friday in the BLHS library. Students are required to attend the classroom instructional time. Driving times will be assigned randomly to students during the first day of each session. If the arranged driving time is not possible, please contact me personally and I will attempt to reschedule. ***If your son or daughter participates in summer workouts with BLHS coaches, please mention to them that you will be taking Drivers Education this summer; BLHS coaches & I are flexible with your times!***

Students will be required to score at least 80% competency on all written and behind the wheel driving exams in order to pass this course. If your student has an IEP, please contact Lesa Taylor prior to May 1. A copy of the IEP must accompany this registration if they are not a USD 458 student.

The course cost is \$275.00 per student. Checks are to be made payable to BLHS. Please complete the registration page and submit, along with your payment, to the office at the address listed below. Please note, we will verify your child's enrollment by your preferred method of contact that you list on the registration form. If you do not receive verification by May 31, 2012, please call the Basehor-Linwood High School office for further assistance at 913-724-2266.

Basehor-Linwood High School
Attn: Lesa Taylor
2108 North 155th Street
P.O. Box 255
Basehor, KS 66007

We look forward to working with your student to become a responsible driver.

Sincerely,
Randy Westfall
Driver's Education Instructor

Driver's Education Registration

Student's **FULL LEGAL** Name: _____ Date of Birth: _____ Age: _____

School: _____

Address: _____ City: _____ State: _____ Zip: _____

Student Phone: _____ Current Grade Level: _____ IEP: _____ Preferred Session: 1 2
(Circle)

Parent/Guardian: _____ Phone: _____ Home Cell
(Circle One)

Parent's E-Mail address: _____ Preferred method of contact: Email Postal Mail
(Please Print) (Circle One)

Occasionally Mr. Westfall will need to contact students in case of unexpected circumstances. By signing below, you give your consent for Mr. Westfall to call or send a text message to your child's phone number listed above.

Signature

Date

For Office Use Only:

Payment Submitted: _____ On: ___ / ___ / ___ Session Enrolled: _____ Verified: ___ / ___ / ___

By: Email Postal Mail Initials: _____