



**EMMAUS HIGH SCHOOL
DRIVER TRAINING COURSE
PARENT CONSENT CARD**

Emmaus, Pennsylvania

Date: _____

I, _____ certify that I am the _____ of _____,
(Name of Parent or Guardian) (Parent or Guardian) (Student's Name)
 a student in the Emmaus High School. The Emmaus High School has my permission to extend to my child on road instruction in driver training course on the streets of the East Penn School District and surrounding areas, and I hereby waive any and all claims against the district, administration and the instructors for any injuries to said child which may result in said course. **Parent Signature:** _____ **Date:** _____

Please complete the following before the first day of simulation.

Student's Cell #: _____ Permit/License #: _____

Student School ID #: _____ Home Phone #: _____

Emergency Parent/Guardian Contact Phone/Cell # _____ Grade: _____

Eligible Driver License Test Date: _____ Driver Ed. Instructor Name: _____

Amount & Date Paid: _____ Driver Ed. Semester and School Year: _____

Email Address: _____

Fee: \$250 (Emmaus High School Students) \$300 (All Other In EPSD Students)
 (Checks or Money Orders **Only**; made payable to Emmaus High School)

Please take note, if a scheduled driving session is missed or canceled less than **24 hours** of the scheduled time, the student will be charged an additional **\$50** fee for the missed appointment. Students should bring their permit/license with them at the time of the appointment and meet at **Door #4**, the circle outside the guidance and activity offices, at Emmaus High School. Students must have at least **10** hours of previous on road experience prior to the first on road session.

ACCUMULATIVE RECORD (Instructor Use Only)

No.	Date	Distance	Total Distance	Time	Total Time to Date	Remarks
1.						
2.						
3.						
4.						
5.						