

For Office Use Only
Received: _____
Check #: _____
File: _____
Letter: _____

**FORT ZUMWALT SCHOOL DISTRICT
DRIVER'S EDUCATION REGISTRATION FORM
2017-2018 School Year**

SUBMIT TO: Jennifer Waters, Assistant Superintendent
Curriculum & Instruction
Professional Development Curriculum Center
9288 Mexico Road
O'Fallon, Missouri 63366

FEE: \$ 400.00

MAKE CHECK PAYABLE TO:
Fort Zumwalt School District

Date: _____

Student's Name:	Parent(s) Name:
Street Address:	City & Zip:
Date of Birth:	Home Phone #:
Age:	Work Phone #:
Current Grade: (2017-2018)	Cell Phone #
Current School:	Parent Email:

Please indicate the session you are signing up for: (check one)

FIRST SESSION –SHS

SECOND SESSION –WHS

THIRD SESSION –NHS

DETACH AND KEEP BOTTOM PORTION FOR YOUR RECORDS

2017-2018 School Year

FORT ZUMWALT SCHOOL DISTRICT
Driver's Education Program

PDC CENTER
636-542-7999

Driver's Education Information –Three sessions will be held during the 2017-2018 school year.

Session I - South High School: Classroom Start Date: Aug. 21, 2017 Classroom End Date: Sept. 7, 2017

Session II - West High School: Classroom Start Date: Nov. 27, 2017 Classroom End Date: Dec. 14, 2017

Session III - North High School: Classroom Start Date: Feb. 20, 2018 Classroom End Date: Mar. 8, 2018

Classroom time will be scheduled Monday-Thursday from 3:00pm to 5:45pm for a total of 11 days. Driving/Observation time will be scheduled Monday-Friday after school for 3 hours and sometimes on Saturday from 9:00am to 12 noon or 12:30pm to 3:30pm for a total of 6 days. Instructor will schedule this time with each student. There is no transportation to the classes.

Students must be at least 15 years old to participate in the program. The fee for the course is \$400.00 and enrollment is limited, taken on a first come, first serve basis. The requirements of the program are 30 hours of classroom instruction, 6 to 12 hours of observation time while someone else drives, and 6 hours of actual driving time. The course structure is very specific in the requirements for hours to be completed.

Attendance for each of the required areas of this course will be essential. Students who miss one classroom day will be warned of the attendance requirements. Students who miss two classroom days will be dismissed from the session without refund. Students will be warned of the attendance requirements after missing one driving time. Students who miss a second driving time will be dismissed from the session without refund.

Registration forms can be brought to or mailed to the Fort Zumwalt Professional Development Center, 9288 Mexico Road, O'Fallon, Missouri 63366. **All registration forms must be accompanied by a check payable to the Fort Zumwalt School District and a completed Student Health Inventory form.**

FORT ZUMWALT SCHOOL DISTRICT STUDENT HEALTH INVENTORY

Student: _____
Last First M.I.

School: _____ Grade: _____ Date of Birth: _____

Please Circle Sex: Male Female

Check all that apply to your child:
 (use back if necessary) (Yes) (No)

*District policy requires a doctor's signed, written request for administration of prescription medication.

<input type="checkbox"/>	ADD/ADHA	Medication?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Allergies, seasonal	Medication?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Allergies, food	Epi Pen?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Allergies, Insects	Epi Pen?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Allergies, medication			
<input type="checkbox"/>	Allergies, other			
<input type="checkbox"/>	Asthma:	Medication?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe			
<input type="checkbox"/>	Diabetes			
<input type="checkbox"/>	Difficulty hearing			
<input type="checkbox"/>	<input type="checkbox"/> tubes			
<input type="checkbox"/>	<input type="checkbox"/> hearing aides			
<input type="checkbox"/>	<input type="checkbox"/> hearing loss			
<input type="checkbox"/>	Difficulty seeing			
<input type="checkbox"/>	<input type="checkbox"/> glasses			
<input type="checkbox"/>	<input type="checkbox"/> contacts			
<input type="checkbox"/>	Epilepsy/seizures			
<input type="checkbox"/>	Heart condition/disease			
<input type="checkbox"/>	Mental/emotional condition			
<input type="checkbox"/>	Migraines	Medication?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Nosebleeds? (mild-moderate-severe)			
<input type="checkbox"/>	Orthopedic problems			
<input type="checkbox"/>	Skin condition			
<input type="checkbox"/>	Wheelchair/braces/walker			
<input type="checkbox"/>	Other:			

MEDICATIONS: *list dosages and times:

Taken at home

1. _____

2. _____

3. _____

Taken at school

1. _____

2. _____

3. _____

(use back if necessary)

Serious illness, injuries or hospitalizations
List date and explanation:

_____/_____/_____
 _____/_____/_____
 _____/_____/_____

(use back if necessary)

Does your child need:

Special seating

Restricted physical education (need Dr. Note)

Other conditions the school should be aware of:

1. _____

2. _____

3. _____

4. _____

(use back if necessary)

Local Physician's name & telephone number

Name	Address	Telephone
------	---------	-----------

In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me I hereby authorize the school to take the steps necessary to insure the well being of the above-named child, which may include calling 911. If the parent(s) cannot be reached, the emergency contacts provided will be called. The cost of medical attention and ambulance is the responsibility of the parent(s)/guardian(s). This information is confidential and will be shared with school personnel when deemed necessary.

NOTE: Please keep the office informed of current emergency contact information.

Signature of Parent/Guardian (REQUIRED)	Relationship	Date
---	--------------	------