

Sacred Heart Academy Driver Education
47 Cathedral Avenue Hempstead, New York 11550

Applications Form: Please print and use only your legal first and last name.

Fall ____ Spring ____ 20____

Last Name _____ First Name _____

Phone _____

Full Address & Zip Code _____

Date of birth _____ Name of school attending _____

INSTRUCTIONS: CIRCLE ALL DAYS & ALL TIMES YOU ARE AVAILABLE.
The more choices, the more chances for priority scheduling. If you have a schedule problem, call 483-7383 ext. 222 between 3 and 5 pm

WEEKDAY SCHEDULE: Circle days available. Check if you can be at Sacred Heart Academy by 3 pm or 3:30 pm

Mon. Tues. Wed. Thurs. Fri. 3:00 pm ____ 3:30 pm ____

SATURDAY SCHEDULE: Select preferred times (choice of four sessions) for driving. Lecture sessions are held at 9:20 am or 10:40 am.

8:00 am 9:20 am 10:40 am 12:00 noon

GENERAL STATEMENT OF AVAILABILITY

____ Available any day, any time during the week.

____ Available any time on Saturday

PARENTAL CONSENT: I certify that I am the parent or legal guardian of _____ and I hereby grant him/her permission to enroll in the Sacred Heart Academy Driver Education Program and understand that practice driving at home is an important part of the program.

Date: _____ Parent Signature: _____