



COMMUNITY
SCHOOL OF
DAVIDSON

Driver's Education 2011

Student's Name _____

Parent's Name _____

Parent's Email _____

Home Phone Number: _____

Student's Cell Number: _____

My child would like to register for the following class:

_____ June 6,7,8,9,10,13
and June 14

8:00-12:30 (4.5 hours each day)
8:00-11:00 (3.0 hours)

_____ August 8,9,10,11,12, 15
and August 16

8:00-12:30 (4.5 hours each day)
8:00-11:00 (3.0 hours)

Please understand that even though this class will be taught by Jordan Driving School, all CSD policy and procedure rules apply during this class. Any discipline issue is grounds to be dismissed from the class.

Parents Signature :

Please direct questions to Kelly Sapp at kcksapp@yahoo.com

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