



Date Received: _____
 Date Logged: _____
 By: _____

DRIVER EDUCATION REGISTRATION FORM

Please type or write legibly in ink

What School does student attend: (circle) ECHHS / CHHS / CHS / or Name of school: _____

NAME: *As it appears on birth certificate* Student ID #: _____

 (LAST) (FIRST) (MIDDLE)
(Complete address as you would want it to appear on permit - No PO Box Numbers)

 (Street name/number) (City) (State) (Zip)

DATE OF BIRTH: ____/____/____ AGE: _____ **FR SO JR SR**
 Month/ Date/Year (Must be 14-1/2 yrs. old at time of class) (GRADE Circle One)

Select Class Below:

1. Identify School and class 2. Mark box to the LEFT of the class dates

All after school classes are 4:00 PM – 7:00 PM (unless otherwise advised)

**** Registration is limited first come 35 students ****

	Carrboro High School		Chapel Hill High School		East Chapel Hill High
<input type="checkbox"/>	Sept. 4, 5, 6; 10, 11, 12, 13; 17, 18, 19 , 20 (No class 9/19)	<input type="checkbox"/>	Sept. 24, 25, 26, 27; Oct. 1, 2, 3; 8, 9, 10	<input type="checkbox"/>	Sept. 4, 5, 6; 10, 11, 12, 13; 17, 18, 19 , 20 (No class 9/19)
<input type="checkbox"/>	Nov. 26, 27, 28, Dec, 3, 4, 5, 6; 10, 11, 12	<input type="checkbox"/>	Nov. 5, 6 , 7, 8; 12, 13, 14, 15; 19, 20 (No class 10/6)	<input type="checkbox"/>	Oct. 22, 23, 24, 25; 29, 30 Nov. 1; 5, 6 , 7, 8 (No class 10/6 or 31)
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Nov. 26, 27, 28, Dec, 3, 4, 5, 6; 10, 11, 12
<input type="checkbox"/>	SATURDAY Class – Held East Chapel Hill High School Sept. 22, 29, Oct. 6, 13, 20 8:30 AM – 2:30 PM	<input type="checkbox"/>	WINTER BREAK Class - Held East Chapel Hill High School Dec. 27, 28; Jan. 2, 3, 4, 2019 8:30 AM – 2:30 PM	<input type="checkbox"/>	<i>Saturday and Winter Break classes limited to 45 students East Chapel Hill High School</i>

Inclement weather: Students will be notified ASAP and the class will be rescheduled as necessary.

EMERGENCY CONTACT - PHONE #1: _____

EMERGENCY CONTACT - PHONE #2: _____

PARENTAL EMAIL ADDRESS #1 / #2 - Alternate or student:

#1: _____

#2: _____

PARENT/GUARDIAN'S NAME: _____

PARENT'S ADDRESS: _____

(If different from student's above)

 STUDENT'S SIGNATURE DATE PARENT'S SIGNATURE DATE

Jordan Driving School of the Carolinas / www.jdscarolinas.com

252-244-1220 - Office Vanceboro, NC / 919-727-1072 – Local

Student/Applicant must live in the CHCCS district and attend one of the district three high schools; a private/charter/ or boarding school. Be at least 14 1/2 years old at the time class is scheduled to start. Older students will have priority over the younger students.

****NOTE:** If a student is unable to commit to the complete 30-hr. class, register for another class. ****** The after-school classes are 3-hrs. Per session, unless otherwise noted.

If a student misses one or more classes, they will be dropped from the class.

Currently, there is no fee for this class. Each student gets one free opportunity for this class. ******

CHCCS DRIVERS EDUCATION

Registration forms can be dropped off directly with the Coordinators

No electronic registrations will be accepted

Ms. Leigh Ann Lombardi - CHS Coordinator

llombardi@chccs.k12.nc.us

919-918-2200 Ext. 25004



Ms. Gina Horton - CHHS Coordinator

ghorton@chccs.k12.nc.us

919-929-2106 Ext. 41145



Ms. Pam Watson - ECHHS Coordinator

pwatson@chccs.k12.nc.us

919-969-2482 Ext. 27122



Ms. Barbara Garmon, Manger/Team Lead JDSC

barbaragarmon.jdsc@centurylink.net ~ 919-727-1072



JORDAN DRIVING SCHOOL of the CAROLINAS ~ Mr. Eddie Jordan

PO BOX 143, VANCEBORO, NC 27802 - (252) 244-1220

Website: **www.jdscarolinas.com**