



School Year 2009 – 2010 Behind-The-Wheel Registration

Registration may be mailed to above address or given to the Physical Education Instructional Leader at your high school
 LOCATION OF COURSE: PHOEBUS HIGH SCHOOL DRIVING RANGE ~ SEE BELOW FOR SESSION TIMES (Monday - Thursday)

MONEY ORDER ONLY - PERSONAL CHECKS WILL NOT BE ACCEPTED

ELIGIBILITY REQUIREMENTS:

1. Student must be enrolled and completed at least the first 4 weeks of the classroom portion of Driver Education
2. Student must have a valid Virginia learner's permit the first day of Behind-The-Wheel
3. Transportation to and from school site will be provided by a BTW instructor. Student's will still need to be picked-up at their school site at the conclusion of class which is 6:00
4. Student must complete and return the registration form below & return it to their driver education teacher or to the address above
5. Registration must be received one week prior to the session (Monday before)
6. A non-refundable payment of **\$150.00** must be paid by money order payable to Hampton City Schools (HCS)
7. The same policies and guidelines found in the Students Rights and Responsibilities Handbook enforced during regular school hours shall be enforced during Behind-The-Wheel instruction. Inappropriate behavior shall result in student being sent home and rescheduled at another time. **SECOND OFFENSE SHALL RESULT IN REMOVAL FROM COURSE WITHOUT REFUND.**
8. In order for student to gain driving privileges after completion of Behind-The-Wheel, the student must:
 - A) Be 16 & hold learner permit nine (9) months
 - B) Complete the "45 Extra Hours" of guided driving practice with a parent/guardian & submit the driving log to Range Instructor
 - C) A parent/guardian must be present at the conclusion of the last day to sign the 180-Day Provisional Driver License Paper work will be forwarded for a court appearance date in which student will receive permanent license. (Court date is mailed to address on permit & will not be forwarded if student has moved.)
9. Sessions must have a minimum of 12 students to facilitate instruction. If a session does not reach the minimum it will be cancelled and students will be placed in his/her second choice
10. All Sessions are provided on a first come first serve basis

Please ensure **all fields** in the box below are filled in before detaching & returning the form to the address above.

Class Time:
4:00 – 6:00

Session Number & Date	Session Number & Date
1. Sept 21 – Sept 30	11. Feb 16- Feb 25
2. Oct 1 – Oct 13	12. Mar 1 - Mar 10
3. Oct 14 – Oct 26	13. Mar 11- Mar 23
4. Oct 27 – Nov 9	14. Mar 24 - Apr 1
5. Nov 10 – Nov 19	15. Apr 12 - Apr 21
6. Nov 23 – Dec 3	16. Apr 22- May 3
7. Dec 7 – Dec 16	17. May 4 – May 13
8. Jan 4 – Jan 13	18. May 17- May 26
9. Jan 19 – Jan 28	19. May 27- June 8
10. Feb 2 – Feb 11	20. June 9 – June 17

Please ensure **all fields** in the box below are filled in before detaching & returning the form to the address above.

Class Time:
4:00 – 6:00

To Be Completed By Student and/or Parent/Guardian – "Detach Form Below & Return With Payment"

1. _____ 2. _____ 3. _____
 Last Name First Name Learner's Permit Number Permit Issue Date

4. _____ 5. _____ 6. _____
 Full Address (Street/Number, City, State, Zip) Home Telephone Number Alternate Parent Number

7. _____ 8. Male – Female 9. Bethel – Hampton – Kecoughtan – Phoebus - Other
 Date of Birth (Circle One) Student Home School (Circle One)

10. Classroom Completion Date _____ 11. Grade Received _____

11. 1st Choice Session # _____ 1st Choice Session Date _____ 12. 2nd Choice Session # _____ 2nd Choice Session Date _____

13. Parent Signature _____ (I understand by signing this form all possible precautions are taken to protect my child from injury and will not hold HCS or it's employees responsible for any liability that may occur during my child's participation in this program.)

14. Date Registration Rec'd _____ 15. Initials of Person Receiving Registration _____

16. Money Order Number: _____