

HAMPTON CITY SCHOOLS DRIVERS EDUCATION PROGRAM

BEHIND THE WHEEL (BTW) REGISTRATION FOR 2018-2019 REVISED: 9-25-18

IMPORTANT INFORMATION	HOW TO REGISTER
COST: \$110 MONEY ORDER OR CASH ONLY	Students that have completed the classroom portion of Drivers Education and have had their Learner's Permit for 3 months should fill out the bottom portion of this form and mail it to: Driver's Education Office, One Franklin Street, Suite 543 Hampton, VA 23669. Attention: Beth Mair. Registration for the class will be a first-come, first-serve process. <p style="text-align: center; color: red; font-weight: bold;">ATTACH PAYMENT WITH REGISTRATION!!!</p>
LOCATION: Phoebus High School (PHS)	
Parents must provide transportation to & from PHS	
LENGTH OF CLASS: Each session is 7 days long. Typically, the session goes from Monday through Thursday the first week. The second week, the session goes Monday through Wednesday. Some sessions will have different days due to holidays, etc.	
Time: 4:00-6:00 pm	
Contact us: Ms. Mair 727-2014	
Eligibility for a 180-day Provisional License	
1. 15 years and 6 months old (receive learners permit)	
2. Has held a learner's permit for a minimum of 9 months	
3. Has parental permission and 45 hours of guided driving practice with at least 15 hours occurring after sunset	
4. Has completed the classroom and BTW	
<i>The same policies found in the Student's Rights & Responsibilities Handbook enforced during regular school hours shall be enforced during BTW. Inappropriate behavior shall result in the student being sent home and rescheduled at another time.</i>	
All students must bring the following items when reporting the 1st day of class: <i>Certification of Completion of Classroom (Green Card), Learner's Permit & 45 hour log with at least 20 hrs. completed</i>	
SESSIONS	
SESSION 1	SEPT. 24 - OCT. 3
SESSION 2	OCT. 8 - 17
SESSION 3	OCT. 22 - 31
SESSION 4	NOV. 5 - 15
SESSION 5	NOV. 26 - DEC. 5
SESSION 6	DEC. 10 - 18
SESSION 7	JAN. 7 - 16
SESSION 8	FEB. 4 - 13
SESSION 9	FEB. 25 - MARCH 6
SESSION 10	MARCH 11 - 20
SESSION 11	MARCH 25 - APRIL 10
SESSION 12	APRIL 15 - 24
SESSION 13	APRIL 29 - MAY 8
SESSION 14	MAY 13 - 22
SESSION 15	MAY 28 - JUNE 6

Name: _____

Phone Number: _____

Date of Birth: _____

Gender: Female or Male School: KHS PHS BHS HHS

Street Address: _____

Zip Code: _____

Permit Number: _____

Permit Date Issued: _____

Session Requested: _____

PARENT SIGNATURE REQUIRED: I understand by signing this form all possible precautions are taken to protect my child from injury and I will not hold HCS or its employees responsible for any liability that may occur during my child's participation in this program.

Parent Signature

HCS does not discriminate on the basis of race, color, national origin, sex, disability, age or other protected classes in its program and activities and provides equal access to the Boys Scouts and other designated youth groups. The following person has been designated to handle inquires regarding the non-discrimination policies: Robbin Ruth, Executive Director, Human Resources, One Franklin St. Hampton, VA 23669 (757)727-2000.