

## 2019 APPLICATION TO Hermiston School District DE program

(Please **PRINT** clearly the following information)

LEGAL NAME: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Last First Middle Initial Birthday

ADDRESS: \_\_\_\_\_  
Street City Zip County

M F (Circle One) \_\_\_\_\_  
Age Grade High School Permit #

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ Session: Spring \_\_\_ Summer \_\_\_

I wish to make application to participate in the Hermiston School District DE program. I am willing to give the necessary time and effort in order to fulfill the requirements of this ODOT approved course.

It is further understood that it is necessary to pay \$ 255.00 refundable only if I withdraw 2 days prior to the start of class. Please make checks payable to "Hermiston High School." Or use Paypal on the Hermiston High web page.

**If you qualify for free/reduced lunch, and do not attend HHS, you must supply a letter or document from your district saying that your student qualifies to receive the reduced tuition of \$180.**

I understand that I am covered by the programs insurance while driving in the education vehicles only, and that I am required to drive **at least 7** additional hours outside of class with a parent/guardian who has insurance coverage on their personal vehicle. **At least two hours must be at night.**

I understand that I must have my Oregon Instruction Permit before the beginning the classroom portion of the course and that I must bring my Oregon Instruction Permit to every behind-the-wheel (BTW) lesson. To cancel a pre-arranged (BTW) lesson, I must notify the instructor at least one day in advance. If I do not bring my driving permit, do not bring my required glasses/contacts, do not appear for a drive, or do not notify the instructor in a timely fashion, I will pay a \$ 25.00 cancellation fee before the next drive. Students wishing additional drive time will be charge \$ 25.00 per hour for each required lesson. Any student who is, by the judgment of the instructor, under the influence of intoxicants will be dismissed and disciplinary action will take place with the school district. **I understand that if my son/daughter receives a driver's license before the end of the driver's education session I will be responsible to pay an additional \$210)**

I realize I must understand and agree to comply with the requirements as stated in the Hermiston School District DE program given at the parent/student meeting. These requirements will be presented at the meeting. **It is my responsibility to attend the meeting with my child, if I do not attend with my child, I will forfeit my space for that session.** If I have questions or concerns, I must contact my instructor.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Parent / Guardian Signature)

**(OVER...to complete the confidential health information side)**

(Revised 5-2012)

**Hermiston School District DE program**  
**CONFIDENTIAL HEALTH INFORMATION**

PARENT OR GUARDIAN NAME: \_\_\_\_\_

PARENT OR GUARDIAN WORK TELEPHONE # \_\_\_\_\_

1. Please circle below any physical or medical limitations that your teenager may have:

Hearing Problems	Yes	No	Allergies	Yes	No
Vision Problems	Yes	No	Epilepsy	Yes	No
Diabetes	Yes	No	Fainting Spells	Yes	No
Heart Trouble	Yes	No	Paralysis	Yes	No
Orthopedic Problems	Yes	No	Cerebral Palsy	Yes	No
Chronic Illness	Yes	No	Asthma	Yes	No

Other Special Needs: (describe)

Please describe any "YES" answer in detail.

\_\_\_\_\_

\_\_\_\_\_

2. Is your son or daughter taking any medication regularly?      Yes    No

If "Yes," please list medicine: \_\_\_\_\_

Describe any side effects: \_\_\_\_\_

3. Does your son or daughter have any specific learning disabilities (including reading difficulties) which might hinder progress or limit participation in either the classroom or behind-the-wheel activities?      Yes    No

If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

4. Has your son or daughter been convicted of a Minor in Possession, a DUI, a DWI, or any other offense which would restrict their driving privilege?    Yes    No

If "Yes," explain: \_\_\_\_\_

5. Do you wish to schedule a conference with the TSE instructor?      Yes    No

I fully approve of my son/daughter enrolling in the Hermiston School District DE program Traffic Safety Program and will provide seven or more hours of supervised behind-the-wheel practice in addition to the minimum six hours of in-car lessons provided by the Hermiston School District DE program driving instructors. An average of two to three hours of adult-supervised driving to each hour of Hermiston School District DE program behind-the-wheel instruction is recommended.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**NOTE: Return this completed application form, along with a check or paypal receipt to "Hermiston High School," and taken to the bookkeeper during the sign-up dates.**

(Revised 5-2012)