

WAGNER COLLEGE

EXTERNAL PROGRAMS

Application for Drivers Education Program

Last Name _____ First Name _____ M.I. _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Birth Date _____ High School (If applicable) _____

Dates and Times You Would Like to Attend (**Check one**)

- Tuesdays, February 16 – June 1, 2010 (4:00 p.m. – 7:00 p.m.)**
- Thursdays, February 18 – June 3, 2010 (4:00 p.m. – 7:00 p.m.)**
- Saturdays, February 20 – June 5, 2010 (8:30 a.m. – 11:30 a.m.)**
- Saturdays, February 20 – June 5, 2010 (10:00 a.m. – 1:00 p.m.)**

Tuition: \$450 plus book fee (\$32)

Please make check or money order payable to **Wagner College** and mail along with application to **Driver Safety Center, 1324 Forest Avenue, Suite 261, Staten Island, NY 10302**

Parent's Consent (Applicable to students under the age of 18)

I hereby give my child permission to enroll in the Driver's Education program offered by Wagner College. I understand that both class lectures and driving instruction must be successfully completed to qualify for certification. Should my child withdraw from the program at any time throughout its course, there will be no tuition refund issued by Wagner College.

Parent's Name (Print)

Parent's Signature

Date

Student's Signature

Date