

Hiawatha Driver Education 2020

Drivers Education is just around the corner. The cost will be \$180.00 fee for driver's education, it is due on or before **Thursday June 4th, 2020**. The Hiawatha High School office is open from 7:00 am to 12:00 pm, Monday through Thursday, if you would like to bring in the fees, or you can mail payment to the Hiawatha High School, 600 Red Hawk Drive, Hiawatha, KS 66434. The class is limited to the first 25 paid registrants. The course consists of two parts, on-line classroom and behind-the wheel driving. Students will need to pick up the drivers ed textbook before June 8th.

Driver Education Final Test will be during the week of July 20, 2020.

SESSION #1 driving is tentatively scheduled to begin the week of July 20th with SESSION #2 the following week.

Students and a parent/guardian will complete the required driving forms, develop a driving schedule with the instructor, and have the opportunity to have questions answered.

The Classroom Portion of driver education is an online course sponsored by Greenbush. The course will begin **on June 8 and must be completed on or before July 3rd**. Students must be 14 years of age to complete this class.

The **behind-the-wheel driving** will consist of a minimum of four hours and tentatively scheduled to start **on July 20, 2020**. Mr. Scott Koranda will schedule your driving times once enrollment is complete. When you achieve the required maneuvers for a lesson, you will move on to the next lesson until all driving competencies are met. The duration of a driving lesson will be determined by Mr. Koranda. A typical lesson is 30-60 minutes. If you have an appointment during the time of a scheduled drive, please notify Mr. Koranda several days in advance.

ON-LINE DRIVER EDUCATION

PLEASE RETURN THIS FORM ALONG WITH A COPY OF THE STUDENT'S PERMIT TO THE HIAWATHA HIGH SCHOOL OFFICE by June 4th.

Student's Name _____ Age: _____

Current Grade _____ Date of Birth: Mo. ____/Date____/Yr. _____

Parents/Guardian: _____ Phone _____

Student cell _____

Student E-mail Address _____

Parent E-mail Address _____

Please PRINT legibly.

Please fill out completely – Student information for DE99s for the State of Kansas.

_____	_____	_____	_____	_____	_____
Legal Last Name	First Name	M/I	Street Address	City	
___M___F	___ft. ___in.	___lbs.	_____	___Yes___No	_____
Gender	Height	Weight	Eye Color	Corrective Lens	Zip Code

Do you have any physical limitations that may require car modifications? Yes NO
____ _

Vision Acuity: Right Eye 20/____ Left Eye 20/____
Vision Correction: ___Yes___No Date Tested _____

Are you currently taking prescribed medication for any physical or mental condition? If yes, name the condition and medication. _____ Yes NO
____ _

Do you have a current License? ___Yes___No
If yes, License/Permit Number _____
Expiration Date: _____
Has your license been revoked or suspended?
___Yes___No

Do you suffer from epilepsy or the habitual use of alcohol or drugs? Yes NO
____ _
If yes, which? _____

If yes, give date and reason _____