

SEWANHAKA CENTRAL HIGH SCHOOL DISTRICT  
ADMINISTRATIVE OFFICES  
77 Landau Avenue  
Floral Park, NY 11001

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District Athletic Office

December 2023

Dear Student Driver Education Applicant:

The Sewanhaka CHSD Spring Driver Education Program will be taught on Saturday mornings from January 27, 2024, thru June 15, 2024. The Driver Education Program will be held at the Sewanhaka High School Vocational building for a fee of **\$525.00 per student**. Each session is 3 hours long - 90 minutes for theory class and 90 minutes for car class.

Students who successfully complete this course will receive a Completion Certificate from the Department of Motor Vehicle with a portion for your insurance carrier. Students who complete the course will be eligible for a senior license at 17 years of age.

**APPLICATION PROCEDURE**

Applicants seeking to enroll in this program for the spring semester must:

- Download, print and complete the application.
- Attach a check for **\$525.00** made payable to the **Treasurer, Sewanhaka CHSD**.  
(Driver Education must be written on the memo line of the check)
- Attach a copy of your NYS Learner's Permit.
- Include a stamped self-addressed envelope.
- Mail application, check and self-addressed envelope to:  
Mr. Matt McLees, Driver Education  
77 Landau Ave.  
Floral Park, NY 11001
- Deadline for applications is **Monday, December 18, 2023**

**When we receive the application in the Driver Education office, we date/time stamp it.** A service fee of \$15.00 will be charged for any returned checks. The district will make no refund to students who enter the first day of classes and then drop the course or are dropped for disciplinary reasons.

**SELECTION PROCESS: (SPACE IS LIMITED)**

Students will be accepted into the program according to the following guidelines:

1. Current district resident students as of September 2023.
2. **Seniors** as of September 2023 (Class of 2024), with a completed application received on or before December 18, 2023, will be placed in chronological birth date order (oldest first).
3. Juniors as of September 2023 (Class of 2025), will be scheduled if openings exist in chronological order.

## **ATTENDANCE**

All students must attend a minimum of 16 theory classes and 16 car classes.

## **MAKE-UP POLICY**

If a student misses a class, he/she must attend make-up classes. Please see your instructor for make-ups. Make-up classes will be scheduled periodically throughout the semester for school related absences.

## **LEARNER'S PERMIT**

Students **MUST** possess a **Learner's Permit** to participate in the Driver Education Program. A copy of your Learner's Permit must accompany this application.

## **NOTIFICATION OF SELECTION**

1. Students who are accepted will receive the course selection in the self-addressed envelope along with their assigned car and theory classes during the week of January 15, 2024. A calendar for the district driver education classes will be enclosed.
2. If you are selected, please be aware that your check will **NOT** be cashed until **after** the first class.
3. If you are not selected you will receive a rejection letter along with your check in your self addressed stamped envelope during the week of January 29, 2024.
4. Classes will begin on Saturday, January 27, 2024.
5. If you cannot download this memo or application, you can pick up a copy in the main office of your school.

Sincerely,

*Matt McLees, CMAA*

Mr. Matt McLees, CMAA  
District Athletic Director of Physical Education  
Health & Driver Education

MM: rm

SEWANHAKA CENTRAL HIGH SCHOOL DISTRICT  
APPLICATION FOR DRIVER EDUCATION – 2024 SPRING SEMESTER

This permission form must be signed by a parent or guardian.  
Students **MUST** attend 16 theory and 16 car sessions.  
Complete this form and mail it back with a self-addressed  
stamped envelope.

Attach a copy of learner's permit in the box.

Attach copy of learner's permit

**USE NAME EXACTLY AS SHOWN ON LEARNER'S PERMIT (PRINT CLEARLY)**

Name \_\_\_\_\_ Phone# \_\_\_\_\_  
(Last) (First) (Middle name as it appears on birth cert.)

Street Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Month) (Day) (Year)

Town \_\_\_\_\_ Zip \_\_\_\_\_ Sex: ☐ Male ☐ Female

Mother's Work/Cell Phone \_\_\_\_\_ Father's Work/Cell Phone \_\_\_\_\_

Home School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Parent's Email: \_\_\_\_\_ Permit ID \_\_\_\_\_

**Session I ~ 7:00 am – 10:00 am**

Car Class 7:00am-8:30am & Theory Class 8:30am-10:00am  
1/27 ~ 2/3, 2/10, 2/17 ~ 3/2, 3/9, 3/16, 3/23 ~ 4/6, 4/13, 4/20;  
~ 5/4, 5/11, 5/18 ~ 6/1, 6/8, 6/15

**Session II ~ 7:00 am – 10:00 am**

Theory Class 7:00am-8:30am & Car Class 8:30am-10:00am  
1/27 ~ 2/3, 2/10, 2/17 ~ 3/2, 3/9, 3/16, 3/23 ~ 4/6, 4/13, 4/20;  
~ 5/4, 5/11, 5/18 ~ 6/1, 6/8, 6/15

Choice # \_\_\_\_\_

Choice # \_\_\_\_\_

\*Athlete \_\_\_\_\_ Sport \_\_\_\_\_

Please indicate your choice of sessions. Every effort will be made to accommodate the first choice, but it's **not guaranteed**. If your child participates on **an athletic team**, please indicate above as the student will be placed in session II, to minimize conflicts with practices/games. ***Your check will be returned in your self-addressed stamped envelope if you are not accepted.***

**PARENTAL PERMISSION**

Permission is hereby given to my son/daughter (Name) \_\_\_\_\_ to take a course in road instruction on the public highway, as part of the Driver Education program under your instruction and supervision. I certify that the above-named student has no physical handicap, which would incapacitate him/her from any instruction in driver education. **PLEASE MAKE SPECIAL NOTES BELOW OF ANY CONDITIONS WITH RESPECT TO EYES, HEARING, SEIZURES, ETC. (This should be shared with both the Theory & Driving teachers.)**

Special Notes/Sports \_\_\_\_\_

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
Date