

SCHOOL DISTRICT OF OSCEOLA COUNTY
Drivers Education - Consent and Release of Information Form

STUDENT INFORMATION: * All fields must be completed and print must be legible.

Print (Full Legal Name)

Last First Middle

School ID Number Grade Age

Number Street

Date of Birth (Month / Day / Year)

City State Zip Code

Home Phone Cell

Restricted License Number:
(\$52.00 for the restricted License)

Email Address

I /We, as parent or legal guardian of the above named student, hereby give consent for my/our child to participate in Drivers' Education and understand that my/our child is to take Drivers Education at their respective High School and the following must be provided prior to our child being allowed to participate in the course:

- A. Original Social Security Card
- B. Original Birth Certificate or a certified copy of a Birth Certificate. *(Minimum age of 15 is required)*
- C. School ID -- Student must be enrolled and attending school in order to be accepted.

NOTE: The State of Florida requires a student with a Restricted License to have at least 50 hours of driving time (10 during the hours of darkness) with a licensed adult 21 years or older prior to being able to obtain an Operator's License at the DMV. The Driver Education Course provides only 6 of the 50 total hours; the student will be responsible for completing the balance (44 hours). This must be verified by a parent or guardian at the DMV.

I / We hereby release and hold harmless the School Board of Osceola County, its officers, employees and agents; the School District of Osceola County; my school, school board, school district and agree to take no legal action against the School Board of Osceola County, and its officers, employees or agent because of any accident or mishap arising out of, resulting from or involvement in the Driver's Education course and or while operating the school district approved vehicle.

I / We understand and agree to cover any and all costs that are associated with any Traffic Violation(s) that may occur as a result of my/our child being the said driver of school issued vehicle and understand we have must have payment completed upon receipt of issued ticket. Failure to pay the violation(s) will result in my / our child being removed from the class.

I / We understand that passing the course exam doesn't guarantee my /our child the right to obtain their waiver as they will be also required to pass the State required Driving Test to obtain a waiver.

Note: All students that obtain a waiver from the School District are subject to being re-tested at the Drivers' License office.

I / WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE and GIVE CONSENT FOR MY/OUR CHILD TO ENROLL IN DRIVERS' EDUCATION.

Name of Parent / Guardian (Printed)

Signature of Parent / Guardian

Date

EMERGENCY CONTACT INFORMATION

Name (Printed)

Relationship to Student

Cell Number

Name (Printed)

Relationship to Student

Cell Number

To Be Completed by Drivers Education Instructor

SCHOOL: _____ YEAR: _____ SEMESTER: _____