

Lake County Schools

2022-2023 BEHIND-THE-WHEEL DRIVING INSTRUCTION STUDENT SCHOLARSHIP APPLICATION

Student Name _____
Last First M.I.

Address _____
Street or P.O. Box City Zip

Lake County Resident: **Yes** or **No** Parent E-Mail Address _____
Home Phone _____ Student Cell Phone _____

Parent Cell Phone _____ Parent Work Phone _____

Student Date of Birth _____ Age _____ Class Preference: **Weekday** or **Saturday** (Circle one)

Student License (Permit) # _____ Exp. Date _____

School Student Attends _____ Grade Level _____

LCS Student ID # _____

By signing below, I hereby acknowledge and understand the following:

- Students must be a Lake County resident and a high school student currently registered in a public, private, virtual, or home school.
- Students must be in good standing with their school. Good standing means that the student is not currently: suspended, expelled, or alternatively placed, or their driving permit has not been suspended because of truancy or attendance. Failure to disclose a negative change in the student's good standing status, may result in dismissal from the program.
- All students will receive 10 hours of actual supervised driving lessons and up to 20 hours of driving observation in a specially marked, dual controlled vehicle.
- Students must possess a learner's license and parent/ guardian must have current automobile insurance.
- Classes will begin and end at a Lake County High School or at the Student Services Building in Howey-in-the-Hills.
- Two weeks after completion of instruction, students are mailed a certificate of completion; however, this does not constitute or guarantee the securing of a driver's license to operate a motor vehicle.
- All instructors teach at a school in Lake County and are commercial driving school instructors, certified by the Florida Department of Highway Safety and Motor Vehicles.
- Students must attend all scheduled classes. Substitution dates may not be available.
- Behind-The-Wheel Driving program is an extension of the school day.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

For Office Use Only: Date Received _____ Upload Date _____ (Rev. 8.30.22)



Lake County Schools

DRIVERS EDUCATION VEHICLE INSURANCE INFORMATION FORM

For Teen Students

I, _____, as parent or guardian of _____ do hereby waive, relinquish, and release the School Board of Lake County, Florida (“**School Board**”) from any claim, or cause of action which may arise as a result of my child participating in Drivers’ Education provided by the Choice and Alternative Education Department in Lake County Schools. Additionally, I hereby indemnify and hold School Board harmless from and against all losses, liabilities, damages, claims, and causes of action, including, without limitation, attorney’s fees and court costs, arising out of or in connection with my student’s errors, mistakes, acts, omissions, or negligence while participating in the Driver’s Education program or operating a vehicle owned or made available by School Board. I further understand I am electing to assume all risks associated with my child’s participation in the Driver’s Education program, and I have insured myself against said risks, as evidenced below:

Automobile Insurance Company: _____
Named Insured(s): _____
Policy Number: _____

I further acknowledge that School Board does not, and has no obligation to, carry insurance on my child while my child is participating in the Driver’s Education program or operating a vehicle owned or made available by School Board.

TWO WITNESSES (18 YEARS OR OLDER)

Signature of Parent or Guardian

1. _____
2. _____

OR

Date

School Administrator

ATTACH A COPY OF YOUR CURRENT VEHICLE INSURANCE CARD TO THIS FORM

Lake County Schools

DRIVERS EDUCATION MEDICAL RELEASE FORM

For Teen Students

I, _____, hereby grant permission for _____
_____ to participate in the Driver's Education program (the "**Program**") provided by The School Board of Lake County, Florida ("**School Board**"), through its Choice and Alternative Education Department.

I hereby authorize School Board to obtain medical treatment for my child in the event of injury or illness while my child is participating in the Program. I understand and agree that I am responsible to pay all expenses incurred for any medical treatment my child receives.

I further understand that, under Florida law, if my child is riding in a private automobile which is involved in an accident, then my child will be primarily covered for bodily injury under my own automobile policy. I agree to submit all medical bills incurred by my child while participating in the Program to my insurance company for payment. If my policy has been issued with a deductible clause relative to the personal injury protection coverage, then I understand I am responsible for paying the deductible amount.

TWO WITNESSES (18 YEARS OR OLDER)

Signature of Parent or Guardian

1. _____

2. _____

OR

Date

School Administrator

TO REGISTER:

LCSB public high school students: Hand deliver the completed registration form, medical release form, insurance information form, **copy of student driving permit and a copy of vehicle insurance card**, to the BTW instructor on your campus.

Private, Virtual, Home Schooled Students, and schools that do not have a BTW instructor on campus: Hand deliver or mail completed registration form, medical release form, insurance information form, **copy of student driving permit and a copy of vehicle insurance card**, to the address listed below:

Choice and Alternative Education **Attn: BTW**
512 South Palm Avenue
Howey-in-the-Hills, FL 34737

Any questions? CE@lake.k12.fl.us or 352-253-6778