

# LONGWOOD CENTRAL SCHOOL DISTRICT DRIVER'S EDUCATION PERMISSION FORM

**\*\*PLEASE BRING THIS FORM AND A PHOTOCOPY OF YOUR PERMIT TO:**

**OFFICE OF COLLEGE AND CAREER PATHWAYS  
LONGWOOD ADMINISTRATION BUILDING  
35 YAPHANK-MIDDLE ISLAND ROAD  
MIDDLE ISLAND, NY 11953**

**OR**

**Email the Documents to: DriversEd@LongwoodCSD.org**

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Student's Phone number \_\_\_\_\_ Parent's Phone number \_\_\_\_\_

Email Address \_\_\_\_\_

Male or Female or X

Any special conditions or adaptations needed?  
(Information is confidential on a "need to know" basis) \_\_\_\_\_

**Student Agreement:** I agree to comply with the class rules, course requirements, and other reasonable expectations of the instructor. I have checked the course schedule on the district website and can attend all lectures and driving sessions.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian Agreement:** My son/daughter will be 16 years old and in possession of A New York State Learners permit on the first day of the program. I have reviewed the program attendance policy and understand that no refunds will be issued once the program has begun.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_