



# Pasquotank County High School

1064 Northside Road

Elizabeth City, North Carolina 27909

[www.ecpps.k12.nc.us/pchs](http://www.ecpps.k12.nc.us/pchs)

(252) 337-6880 Telephone

Fax: (252) 337-6890

Rosalie Calvert, Driver's Education Coordinator

## Driver Education Registration Form

If you are interested in signing up for Driver's Education you must complete this form and return it with your \$45.00 fee to Ms. Calvert in room E08. You must be at least 14 ½ years of age to be eligible to sign up for this class and passing three out of four classes with 70% or better. We are doing everything possible to get our students through the class quickly. If your address or phone number changes after you register, contact the Driver's Education coordinator immediately at (252) 337-6880 extension 265 and/or email [rcalvert@ecpps.k12.nc.us](mailto:rcalvert@ecpps.k12.nc.us).

The information on this form needs to be accurately filled out or you may miss your turn to take the class. Students that withdraw from the N.C. Driver Education Program are entitled to a full refund within two weeks prior to the start of the class. A written request for a refund is required with proof of payment (cancelled check front and back and/or receipt). Refunds will be issued within 30 days of your request.

The student's **original** birth certificate must be presented on the first day of class unless it was presented with the registration form and fee. Students are enrolled by date of birth with the oldest students attending first. We are pleased to be part of your high school career and look forward to working with you.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

School Attending during fourth block: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent(s) Contact Number: \_\_\_\_\_ Parent(s) work number: \_\_\_\_\_

Parent(s) Name (Print): \_\_\_\_\_

Parent(s) Signature: \_\_\_\_\_

PLEASE DO NOT FILL OUT MORE THAN ONE FORM. IT WILL NOT CHANGE YOUR STATUS ON OUR LIST.

