

# Driver Education Class

Virtual Classroom Session

## IRSD Community Education

**Instructor:** Jonathan Tietz

**Dates:** Monday - Thursday: June 3 - 6 and June 10 - 13, 2024 (8 virtual classes + 14 hrs driving/observation scheduled separately)

**Time:** 5:00 pm - 8:00 pm **Fee:** \$610 - \*NOTE: Please do not pay for the class until you have communicated with the instructor

**Location:** Virtual Zoom Class - students must have access to a computer/device with a camera.

**Please submit all required documents by Monday, May 27, 2024.**



This State of Delaware certified program provides 30 classroom hours of instruction & 14 hours of driving/observation time. Students must be in the 10th grade or above during the 23-24 school year and attend an accredited school or homeschool program that does not offer Delaware Driver's Education to be considered for tuition reimbursement from the state.

### Registration Requirements

- Driver Education Registration Form & Payment(*if required*)
- Current Report Card (must be passing 5 credits- 2 passing credits in core classes)
- Students must be 15 1/2 years old by the conclusion of the class to be eligible.
- Virtual attendance on camera at all 8 classes for the full 3-hour duration required.

### For Home or Private School Students Only (in addition to the documents above):

- You will qualify for free tuition if you meet the following requirements:
  - (1) You are in at least 10th grade when the class begins, (2) You live in Delaware, (3) The school you attend does not offer driver education
- Letter from your principal validating your enrollment in a private school, or
- The DDOE acknowledgement page validating home school program. *Visit the DE Department of Education's nonpublic schools website for information.*

<https://www.doe.k12.de.us/Page/3460>

## IRSD Community Education Department

**Email:** [jonathan.tietz@irsd.k12.de.us](mailto:jonathan.tietz@irsd.k12.de.us) **Phone:** 301-704-9147

**Website:** <https://www.irsd.net/community> **Location:** 26026 Patriots Way, Georgetown, DE, USA

# IRSD COMMUNITY EDUCATION PROGRAM DRIVER EDUCATION REGISTRATION FORM

PLEASE EMAIL REGISTRATION TO:

[Jonathan.Tietz@IRSD.K12.DE.US](mailto:Jonathan.Tietz@IRSD.K12.DE.US)

ATTENTION ADULTS / PARENTS

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE in SEPTEMBER 2023 \_\_\_\_\_

Please remember to submit the following with your registration:

1. Report Card
2. Enrollment letter for home or private school students
3. \$610 fee (*Only if your student does not qualify for DOE funding*)

CREDIT CARD PAYMENTS ACCEPTED ONLINE AT

[www.irsd.net/community/adult-community-education](http://www.irsd.net/community/adult-community-education)

Make Checks Payable to "IRSD Adult Education" & Mail to:

Driver's Ed Department 26026 Patriots Way Georgetown, DE 19947

*Please include your Driver's License Number & Telephone Number on the check*

Students and adults enrolling must have this form signed by themselves or their parent(s) or guardian. Every participant must also be covered by some type of accident or health insurance.

**PLEASE SIGN AND SEND THIS FORM  
WITH YOUR STUDENT'S REGISTRATION.**

\_\_\_\_\_ has my permission to participate in the Driver Education Program. In consideration of his/her granted permission to enroll and be a student in a class offered by the Indian River School District, I do hereby expressly assume the risk of all personal injury and any other loss or damage which he/she may suffer regardless of the cost resulting in such personal injury, loss or damage and to expressly absolve the said Indian River School District, its Board of Education, and its agents, servants, employees and instructors from all liability therefore and do hereby agree to indemnify and hold harmless the said Indian River School District, its Board of Education, and its agents, servants, employees and instructors from all losses, damages, cost or expenses arising out of any personal injury, loss or damage which my child, his/her heirs, executors, administrators, or assigns may sustain as a result of him/her being injured while a student in the class referred to above. I also certify that I am or my child is covered under an accident and health insurance policy, which covers his/her participation in the course.

\_\_\_\_\_  
Adult / Parent Signature

\_\_\_\_\_  
Date

**FORM MUST BE SIGNED AND DATED**

**QUESTIONS? Please email the Community Education Office at**

[Jonathan.Tietz@irsd.k12.de.us](mailto:Jonathan.Tietz@irsd.k12.de.us)

[www.irsd.net/community/adult-community-education](http://www.irsd.net/community/adult-community-education)