Wheatland-Chili Central School District

Driver Education Fall 2026

REGISTRATION FORM

Today's Date:_____
Student Name:_____
Phone: _____
Email: _____
Address: _____
Date of Birth: _____
Permit #: _____
Copy of permit required

School _____

Return of this registration form does not guarantee your first choice drive time

Driving Times (Rate choices 1, 2, 3, and 4)

Fall

____ 3:00-6:00 (Drive A and Lecture)

____ 4:30-7:30 (Drive B and Lecture)

(Office Use Only)
Registration Received Date_____
Amount of Deposit paid _____
Receipt number _____

Amount Balance due _____

Balance Paid Date _____
Receipt number _____