FALL 2026 DRIVERS ED REGISTRATION FORM

Received:
for office use only

Glen Cove High School

150 Dosoris Lane, Glen Cove NY 11542

Date: _____

Please PRINT your LEGAL NAME and all other information required below: (Exactly as on Permit)

Name: (Last) _____

(First) _____ **(Middle)** _____

Street Address: _____

Parent/Guardian Phone number: _____ **Student Cell:** _____

Date of Birth: _____ **Age:** _____

Grade (Circle One): Senior Grade 12 Junior Grade 11 Sophomore Grade 10 (Waitlist)

Driving Class Preference (Circle One):

AM CLASSES (5:45 AM - 7:15 AM)
(AM classes recommended for all athletes)

PM CLASSES
(After school)

License Information: **Learner's Permit – <u>REQUIRED</u> (Copy Attached to Application)**

Driver ID Number _____

TUITION: $600.00 Payable to Glen Cove School District (no cash)

CHECK # _____ **MONEY ORDER #** _____

PARENT/GUARDIAN SIGNATURE: _____

There is a MANDATORY PARENT/STUDENT MEETING on September 10 at 6:30 pm in High School where the schedule, all rules and regulations will be explained by the instructors.
***Students will also pick their driving session based on the order their registration was received.**