

**Maize USD 266 - Year: _____ Term: _____
SUMMER DRIVERS EDUCATION ENROLLMENT FORM**



Drivers Education Fee: \$250

Please use your legal name and print all information

Student Information:

Legal First Name:

Middle Name:

Legal Last Name:

Suffix:

Student's Cell Phone #:

Student's Email Address:

Grade Entering: 8 9 10 11 12

Street Address:

Address Line 2:

City:

State:

Zip:

Gender:

Date of Birth:

Eye Color:

Height:

Weight in lbs.:

Do you need Vision Correction? Yes/No

Type of Vision Correction:

If no, give last date vision was checked:

What school will the student attend during the 2023-2024 school year?

Parent Information:

First Name of Parent/Guardian:

Last Name of Parent/Guardian:

Phone Number of Parent/Guardian:

Parent/Guardian email address:

Medical, Vision and License Questions:

Are you a resident of Kansas? Yes/No

Are you lawfully present in the United States? Yes/No

In the last 6 months, have you attempted and failed any testing at least 4 times at a Kansas Driver's License Exam Station? Yes/No

If yes, when:

Do you have any physical limitations that may require car modification? Yes/No

If yes, describe:

Do you currently have any physical, vision, or mental condition(s) that could make it difficult to operate a motor vehicle safely? Yes/No

If yes, name of condition(s)/medication(s):

Have you suffered a seizure in the last six months? Yes/No

Please list the date of the last seizure:

Please describe the type of seizure that occurred:

Are you currently enrolled in drug rehabilitation or a habitual user of drugs or alcohol? Yes/No

Do you have a current Kansas driver's license? Yes/No

If yes: Permit/Driver License Number:

What is the date your license was issued?

What is the license expiration Date:

Is your license now or has it ever been suspended/restricted/revoked in Kansas or any other state? Yes/No

If yes, give date and reason:

Suspension/Restriction/Revocation Date:

Has your license/permit been surrendered to law enforcement due to the refusal or failure of a chemical test for drugs or alcohol, or is your license/permit suspended/canceled/revoked by any court pending review? Yes/No

If yes, describe:

Please rate the student's experience and ability behind the wheel of a vehicle

- No experience
- 0-10 hrs - Parking lots and rural roads only
- 20-30 hrs - Can maneuver confidently in traffic
- 30-40 hrs - Experience with driving in heavy traffic in Wichita and Expressways
- Other:

Please list any other information that will assist us in enrolling your son/daughter into the driver's education program at USD 266 Maize Schools:

Students who are currently approved for free/reduced meals need to check the "approved for free/reduced meals" box below. All others please check N/A.

- Approved for free/reduced meals
- N/A

Students, who are applying for free/reduced meals and waiving the Drivers Ed Fee, please follow the directions on the next page and must be approved prior to the Drivers Ed enrollment date. (Review process may take up to 10 days and will be notified by US mail)

Student Acknowledgement:

Do you understand that your answers to these questions, if answered falsely, may be grounds for prosecution? Yes/No

Student Signature: _____ Date Signed: _____

The above information supplied for data entry has been transferred to the Driver's Education Portal and is true and factual to the best of my knowledge.

Signature of Instructor: _____ Date Signed: _____

This section will be filled out by an instructor on enrollment night

Vision Acuity: Right eye 20/____ Left eye 20/____

Do you have corrective Lenses? Yes /No Do you wear contacts? Yes / No

Signature of Physician or Nurse: _____

Date Tested _____

**If a student has a valid permit acquired from the Driver's License Exam Station in their possession enter 20/40 for each eye as they have passed the eye test at the exam station.

Free and Reduced Application

Students, who are applying for free/reduced meals and agree to pay the reduced fee of \$100 for Drivers Ed , please follow the directions below.

The application must be approved prior to the Drivers Ed enrollment date.

(The application review process may take up to 10 days and will be notified by US mail)

Reduced Fee Applications are being accepted for Drivers Ed. Families who qualify for free/reduced meals and complete the Consent for Disclosure form and mark the Curriculum Box (back page of the Application for Free and Reduced Price School Meals) will have their Drivers Ed curriculum fees reduced to \$100 if approved prior to the Drivers Ed Enrollment date and also mark the line on the Driver's Ed enrollment form for verification.

Send completed Free/Reduced Application and Consent for Disclosure form with Curriculum Box marked, prior to the Drivers Ed Enrollment date to:
Maize USD Food Service, 905 W. Academy, Maize, KS 67101.

For questions, call 316-722-0900.

The review process may take up to 10 days and you will be notified by US mail.

The Application for Free and Reduced Price School Meals may be found on the district web page www.usd266.com listed under "Quick Links" then "Frequently Requested Forms" and "[Free/Reduced Application](#)".

Maize Online Driver's Education

Parent Contract

Maize Online Driver Education emphasizes that there must be a partnership between the parent and teachers. Parents are the most important teachers in our program. Evidence clearly correlates parental involvement and student success in online courses. For this reason, we are asking you as the parent or guardian to take on the responsibility of helping your student succeed.

Please read the following and sign and date at the bottom.

- I agree to monitor progress and achievement by checking grades and progress weekly. This can be accomplished by talking to your student and emailing the instructor for their progress. Teachers will have the ability to verify the students progress. The most important part will be to check on your students Google Classroom for Due Dates listed for the course and ensure that they are meeting deadlines.
 - I agree to practice driving with the student before and during their assigned drive time. It is suggested that each student have a minimum of 5 hours of practice prior to driving with the instructor. The instructor will be giving lessons, but primarily evaluating the students ability to perform necessary driving skills as assigned by the state.
 - I agree to communicate any questions or concerns about student progress with the online instructor. This includes informing of changes in contact information.
 - I understand that the student will use the internet and technology for this course. It is the parent/guardian responsibility to ensure that filters are set and prevent the inappropriate material from being accessed during this class. Although this course is online and the majority of work is done at home, district policies and conduct are followed.
 - I acknowledge that the student will need to be online 3-4 hours per week in order to make adequate progress in online coursework.
 - I understand that cheating of any kind will result in a final grade of an F.
 - I understand that if the coursework is not done by the final due date, the student will receive an F (unless prior arrangements have been made with the online instructor).
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In signing below, I hereby agree with the maize online drivers education policies outlined above.

Print Students Name: _____

Parent signature: _____ Date: _____
