Safety Council of the Ozarks
Making our World Safer®

BEHIND THE WHEEL
DRIVERS EDUCATION PROGRAM

To: Driver Education Students
Springfield School System
Date: 2010-2011 School Year
Re: Behind-the-Wheel Driver Education

The Safety Council of the Ozarks, with agreement of the Springfield School System, will provide behind-the-wheel instruction for the Driver's Education Program to those students who are **15 years of age and choose to participate**. The fee is **$165.00—payable to the Safety Council of the Ozarks**. There is no charge for the classroom portion of Driver's Education and the student is responsible for scheduling the class as part of their curriculum with their counselor. Both the classroom portion and the behind-the-wheel portion are an ***optional*** part of the R-12 curriculum.

The fee should be paid at the beginning of the student's driver education class and will not drive until paid. The fee must be paid prior to your student beginning the behind-the-wheel portion of driver's education and the student **MUST** be 15 years old. ***No Exceptions.*** You may mail payment to the Safety Council or send the registration and payment, with your child to school to the teacher.

It is important to note that the behind-the-wheel instruction is available **during driver's education class time** therefore, it will be the student's responsibility to be present on their driving days. Each student that chooses to drive will go out with a partner and certified instructor during class periods for a total of **six (6) hours** of hands-on training. This is an excellent opportunity for the new driver to practice their driving skills with an experienced driving coach. We will be happy to answer any of your questions at **(417) 869-2121**.

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DRIVER EDUCATION REGISTRATION

Register your student for classroom instruction through the school in the normal registration process.

Send this form along with the Behind-the-Wheel fee of $165.00 to:

Safety Council of the Ozarks, 1111 S. Glenstone, Springfield, MO 65804

NAME OF STUDENT: _____

ADDRESS: _____
STREET CITY STATE ZIP

PHONE: _____ NAME OF PARENT: _____

HIGH SCHOOL- ATTENDING CLASS: _____

INDICATE CLASS QUARTER: ❑ 1ST QUARTER ❑ 2ND QUARTER ❑ 3RD QUARTER
❑ 4TH QUARTER