

Winter I TRAFFIC SAFETY EDUCATION
Skyline High School

<u>Tuesday</u>	<u>Wednesday</u>
Nov. 10	-----
Nov. 17	Nov. 18
Nov. 24	Nov. 25
Dec. 1	Dec. 2
Dec. 8	Dec. 9
Dec. 15	Dec. 16
Jan. 5	Jan. 6
Jan. 12	Jan. 13
Jan. 19	Jan. 20
Jan. 26	-----

Class times are from 2:45-5:00 p.m. unless otherwise notified. Classes will meet at Skyline, Room 102.

The registration application can be turned into the bookkeeper's office at Skyline High School. The class is limited to 22 students. Please make a copy of this schedule for your records. Admission to classes will be on a first come, first serve basis. You must be 15 (fifteen) years old on the first day of class in order to qualify.

An application form is included in this information.

Please remember that all TSE classes are only offered after school. Jobs or other commitments **MUST NOT** conflict with the class or driving schedules. Only **TWO** absences will be allowed during the Winter I session.

On the first day of class, students will be scheduled to drive behind-the-wheel. They will need to be available to drive for six, two-hour sessions that will be scheduled over the nine weeks of classes. The driving sessions with Mr. Fuller will be scheduled for Monday through Friday, from 2:30 to 4:30 and Saturdays, 8:00 to 10:00 and 10:00 to 12:00. Remember, students will have the opportunity to sign up for driving schedules on the first day of class.

Please be prepared to take your son/daughter out for practice drives, as this helps students to become more experienced, safe drivers. This practice also helps minimize the chance for failure and the possibility of paying additional money to repeat the course. All new drivers are required by the State of Washington to present a driving log of 50 hours (in addition to the 6 hours for the course) in order to qualify for a driving license at the Department of Motor Vehicles.

The class fee is **\$450**, and a check made payable to **Skyline High School** is due at the time of registration.

If you have any questions regarding this program, please contact Norm Fuller via e-mail at fullern@issaquah.wednet.edu.

APPLICATION FOR TRAFFIC SAFETY EDUCATION

Skyline High School

Winter I, 2009

LEGAL NAME _____ AGE _____ SEX _____

ADDRESS _____ PHONE _____

CITY _____ BIRTHDATE _____ GRADE LEVEL _____

PARENT/GUARDIAN NAME _____ PH. # _____

E-MAIL ADDRESS _____

Background. Traffic Safety Education is comprised of a two-phase program: classroom and behind-the-wheel instruction. While each is evaluated separately, both must be completed with a grade of 80 or better in order for the student to pass the course and earn a TSE certificate. The Traffic Safety Coordinator and/or classroom teacher will schedule students in pairs for the behind-the-wheel instruction. During each of the six in-car driving sessions, the students will drive for one hour and observe for one hour. All six driving sessions must be completed in order for students to pass this phase of the program.

Acknowledgement. I understand that I need to provide my own transportation to and from Skyline High School for class time and for the behind-the-wheel portion of the program. Furthermore, I am willing to give the necessary time in order to fulfill the requirements of this accredited course as prescribed by the State Department of Public Instruction. I understand that to successfully complete this course, I will:

1. Receive classroom instruction and earn an 80% or better.
2. Satisfactorily participate in the prescribed number of in-car lessons.
3. Practice driving at home in my parent's/guardian's vehicle with their supervision.
4. Pass with a score of 80% or better a behind-the-wheel test given during the scheduled driving times.
5. Meet attendance requirements distributed at the beginning of the course.
6. Not miss more than **two** classroom sessions. If I miss more than two sessions, I may have to retake the course.
7. Attend all scheduled driving sessions. If I miss a scheduled driving session and have not notified the driving instructor prior to that session, I will be charged a \$35 fee which I must pay before or at the time of my next drive.

I understand that the classroom fee of \$450 is due at the time of registration and should be paid to the bookkeeper at **Skyline High School**. If I fail the class and choose to repeat it at Skyline High School, I must pay the full \$450 dollar fee again for the new class. I also understand that I must be at least 15 (fifteen) years of age at the beginning of the current class in which I am enrolled in order to qualify for the program. I understand that **I MUST have my Washington State Instruction Permit by the first driving session, and have it in my possession while driving.** (A waiver for obtaining the permit without taking the test can be obtained on the first day of class from your classroom teacher.)

Student Signature

I hereby give my permission for my son/daughter to enroll in the Skyline High School Traffic Safety Education Program as set forth in this application. I understand that he/she will be driving a car for six hours of instruction on public roads and will be riding in a car driven by another TSE student for six hours of observation. I release from liability and agree to hold harmless the Issaquah School District, Skyline High School personnel, and the TSE instructors.

Parent/Guardian Signature

Date

FALL TRAFFIC SAFETY EDUCATION
Skyline High School
Student Information Sheet

Student's Information:

Name _____
Last First Middle Initial

Student Cell Phone _____

Email _____

Address _____
Street City Zip

Home Phone _____

Parent or Guardian Contact Information:

Name and Relationship _____

Home Phone (if different from the student's) _____

Work Phone _____

Cell Phone _____

Email _____

Alternate Contact (Parent/Guardian's contact information in case of an emergency)

Name and Relationship _____

Home Phone _____

Work Phone _____

Cell Phone _____

When is the best time of the day to contact you by phone? _____

Any additional information that I need to be aware of that will help your child have a successful experience?

Parent Signature _____

Date _____