CHATHAM CENTRAL SCHOOL DISTRICT DRIVER EDUCATION PROGRAM
INSTRUCTOR: JOHN GELATT – CLASSROOM & DRIVING
APPLICATION/PARENT PERMISSION SLIP ► September 8, 2026 - January 23, 2027

My son/daughter, _____, has permission to participate in the Driver Education Certification Program at Chatham High School from September 8, 2026 to January 23, 2027. I understand that my son/daughter must be 16 years of age or older by September 8, 2026 and must meet the required instructional and driving hours - a minimum of (16) 90-minute classroom sessions and (16) 90-minute driving sessions.

Lecture classes will be held **Tuesday** evenings from 5:30-7:00 pm in CHS room 110. Driving classes are held on Tuesdays from 4:00-5:30 pm (space for 4) **or** Saturdays in one and one-half hour time-slots at 8-9:30, 9:30-11, 11-12:30 (space for 12). (See exact days of scheduled classroom and driving sessions at Driver Education webpage, a link to which also can be found on our website's High School webpage.)

Please number the driving time choices below **in order of preference (from 1 to 4)**:
Tuesday 4:00-5:30 pm _____ Saturdays 9:30-11 am _____
Saturdays 8-9:30 am___ Saturdays 11am -12:30 pm____
Every attempt will be made to accommodate your #1 or #2 driving time preference, but we cannot guarantee availability. ***PLEASE NOTE: Popular drive times will be filled by students who submit a completed application and payment in full, by the order in which they are received.***

Attached is a check or money order for $395 (or $197.50 if paying in two installments, with the **final payment** of $197.50 **due BEFORE the September 8th meeting**). I understand the fee is not refundable after September 8, 2026 and that my child's registration is not complete until full payment has been made. **Make checks payable to Chatham Central School.**

Student's Name _____ Date of Birth_____

Student's Driver's Permit or License #:_____

Home Phone #_____Parent cell#_____ Student cell#_____

Parent's Name:_____

Parent's Email Address:_____

Student's Mailing Address as it appears on permit AND 911 Street Address: _____

_____

Another Emergency Contact Name & Phone #_____

The first class is a MANDATORY orientation session for students and at least one parent or guardian on Tuesday, September 8th at 7:00 p.m. in the CHS Library. This meeting counts toward student's classroom attendance.

_____
Parent/Guardian's Signature Date

RETURN THIS FORM ALONG WITH PAYMENT TO THE
Attn: Sabrina Williams – CHATHAM HIGH SCHOOL MAIN OFFICE
50 Woodbridge Avenue, Chatham, NY 12037