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| **Drivers Education Program Enrollment Application (Under 18)** |  |

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| Applicant Information |
| Last Name |  | First |  | M.I. | Date |  |
| Street Address |  | Apartment/Unit # |  |
| City |  | State |  | ZIP |  |
| Phone |  | E-mail Address |  |
| DOB: |  | Social Security # |  | Learner’s Permit # |  |
| **REQUIREMENTS** |  |
| Valid Learner’s Permit | YES [ ]  | NO [ ]  | Sign Consent Forms for Participation | YES [ ]  | NO [ ]  |
| Certificate of School Attendance | YES [ ]  | NO [ ]  | Alcohol & Drug Awareness Program Card | YES [ ]  | NO [ ]  |
| Education |
| High School |  | Address |  |
| Grade |  |  | Age |  |  |  |
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| --- | --- | --- | --- |
| Signature of Parent |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Student |  | Date |  |

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| Driver Education – Key Information |

* Columbus Technical College is offering a 36 hour Driver’s Education program, at a cost of $350, to (Georgia) high school students.
* Breakdown: **30 hours** of classroom instruction followed by **6 additional hours** behind the wheel instruction. Successful completion of this program meets “Joshua’s Law” requirements.
* 30-Hours Classroom Instruction
* 6-Hours Behind The Wheel
* The first session is designated as orientation/information sharing and mandatory for the parent(s) to be present. (PARENTS MUST BE PRESENT AT THIS MEETING IN ORDER TO PARTICIPATE IN THE PROGRAM.)

Submit information to:

**Jamall Wimberly**

**Driver Education Program Manager**

**Columbus Technical College Training Center**

**5330 Transport Blvd.**

**706-649-1838 /** **jwimberly@columbustech.edu**



**CONSENT BY PARENT OR LEGAL GUARDIAN FOR RELEASE OF**

**DRIVING INFORMATION AND WAIVER**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent or legal guardian), hereby voluntarily consent on behalf of, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(student), a minor, to the release of all information held by the Georgia Department of Driver Services or any other federal, state or local government organization of any type, including, but not limited to, law enforcement agencies of federal, state or local government, that relates in any way to the minor’s operation of a motor vehicle in the State of Georgia or elsewhere. I grant this consent in furtherance of my request for the minor’s participation in driver education activities or courses offered in conjunction with the Georgia Driver’s Education Commission, the Governor’s Office of Highway Safety or the Technical College System of Georgia and this request applies to requests for information submitted by any or all of said agencies of the State of Georgia.

I understand that audio, video, and GPS recording devices may be used as a part of the driver’s education course. Some of the vehicles provided for driver education are equipped with recording devices that record audio and video inside the vehicle cab, video facing outboard the front windshield, and GPS recording. I understand that such audio, video, and GPS recording devices are in use and consent to their use. I further consent to GDEC, TCSG, and the driver education provider using pictures, audio, and video, obtained from said recording devices, for training and PR purposes.

I understand that the minor’s participation in the driver education activities or courses could expose the minor to personal or bodily injury, including death. I understand that the risks that the minor may encounter include, but are not limited to, transportation accidents. In the event of a transportation accident, which could include bodily or personal injury, or even death, I, as the parent or legal guardian of the minor, am responsible for all costs, including but not limited to, the costs of medical care.

I understand, and hereby acknowledge, that the minor is not obligated or required to participate in the driver education activities or courses offered in conjunction with the Georgia Driver’s Education Commission, the Governor’s Office of Highway Safety or the Technical College System of Georgia. In exchange for the instruction, use of equipment, materials and supplies by my child, and his/her being allowed to participate in this driver’s education course, I waive any and all claims and causes of action related to the minor’s participation and hereby jointly release, acquit and forever discharge the State of Georgia, the Georgia Driver’s Education Commission, the Governor’s Office of Highway Safety, and the Technical College System of Georgia, their respective officers, members, directors, including its past, present, and future subsidiaries, divisions, agencies, instrumentalities, successors, agents, servants, representatives, employees, affiliates, partners, heirs, administrators, personal representatives, assigns, attorneys and volunteers.

This consent is given freely and voluntarily by me, on behalf of the aforementioned minor, without coercion, duress, threat or promise of any kind and shall remain in effect for a period of ten (10) years after the date of signature below or until revoked in writing by the minor upon the minor reaching the age of majority. Revocation of consent must be in writing and delivered to the Technical College Driver’s Education program address providing the student training.

 By signing below, I certify that I am the legal guardian of the aforementioned minor, that I am 18 years of age and am otherwise fully competent to give this consent.

Dated at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(location) this\_\_ \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

Signature of Parent or Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of Parent or Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Driver’s License Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



 **Driver Education Course**

**Rules and Regulations**

This 30/6-hour course (30 hours in class and 6 hours of behind the wheel driving) is approved by the Department of Driver’s Services and satisfies Joshua’s Law requirements of the State of Georgia.

If the student is a minor, a parent/guardian or an adult (21 years of age or older) must supervise the student in an additional (40 documented hours of driving six (6) of which MUST be at night). Proof of course completion and additional hours are required when applicant applies for his / her license.

Students must:

**Class Policy**

\_\_\_\_ 1. Provide a copy of a valid learner’s permit or license on the first day of class.

\_\_\_\_ 2. All sessions must be completed as well as maintain a 70% score on all

 written examinations.

\_\_\_\_\_ 3. Return textbook prior to final written examination. **A $60 fee will be assessed. If unpaid,**

**the student will not receive a certificate of completion.**

\_\_\_\_\_ 4. Arrive 10 minutes prior to class time and driving time.

\_\_\_\_\_ 5. Turn all electronic devices off while in class.

\_\_\_\_\_ 6. If a student is unable to attend a class, he / she are responsible for make-up sessions. Make-up

 sessions are provided at a rate of $25 an hour.

**Behind The Wheel Policy**

\_\_\_\_\_ 7. Notify the instructor if there any medication being taken and / or physical condition

which the instructor should be aware.

\_\_\_\_\_ 8. Proper closed-toe shoes should be worn during driving sessions. (Some examples of shoes that

should not be worn include sandals, beach, or shower shoes).

\_\_\_\_\_ 9. The Driver Education course must be completed within 180 days.

\_\_\_\_\_ 10. Each student will receive a copy of their certificate upon successful completion of the

course.

\_\_\_\_\_ 11. If you pay for a class and do not attend you will receive a full refund. If you start and decide

 not to complete the class, you will not receive a refund.

**By signing this form, I acknowledge that I have read and understand the rules and regulations for participating in the Driver’s Education course and agree to abide by them.**

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Parent / Guardian Student Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Date