



DePue Summer Driver's Ed Camp

Instructor Philip Przybyla

Class Location DePue USD#103 (204 Pleasant St. DePue, IL 61322)

Calendar

Registration by May 18, 2018: contact Anna McKee mckeea@depueschools.org 815-447-2121x 220

Permits and Vision Testing May 23rd 6:00 PM

16 class periods from 8:30-10:30 (plus behind the wheel/observation time)

June 5-8 4-days

June 11-15 5-days

June 18-22 5-days

June 25-26 2-days

Permits

A permit can only be issued to a student within 30 days of the start of class.

Fees

The cost of the program is \$300 (includes \$20 Permit Fee). Payable to DePue USD#103.

Course Requirements (attendance is mandatory)

30 classroom hours (this program includes 32)

*6 clock hours behind the wheel with the instructor

*6 clock hours observation time

(6:20-8:20AM, 10:45-12:45, 1:00-3:00, evening/weekend hours as needed)

*Arranged with the instructor. Observation hours are when student is riding in the back seat of a dual control vehicle observing instructions of the driver education instructor of the student driver who is participating in behind-the-wheel instruction. At least one but not more than three student observers must be in the car during behind-the-wheel instruction. At least one hour of observation time is required for each hour of behind-the-wheel instruction (a total of six hours).

Age

Must be 15-17 years of age by May 23, 2018.

Eligibility

Each student must be enrolled in high school and receive a passing grade in at least eight courses during the previous two semesters prior to enrolling in a driver education course. If a pupil is a freshman, school districts may count passing grades from the last semester of the student's eighth grade year. *The district superintendent may waive the requirement if she deems it to be in the best interest of the student.*

- Driver education is not a State of Illinois graduation requirement.
- All students under the age of 18 must successfully complete a course to receive a license.

2017-2018 (Summer)

DEPUE USD #103

STUDENT INFORMATION FORM

(FORMA DE INFORMACION ESTUDIANTE)



Student's Legal
Name _____

(Nombre de Estudiante) Last (Apellido) First (Nombre) Middle (Segundo Nombre)

Date of Birth (Fecha de Nacimiento) _____ Male (Masculino) _____ Female (Femenino) _____

SS# _____ - _____ - _____ Grade Level During the 17-18 School Year 9 10 11 12_(circle one) _____

(Seguro Social #)

(Nivel Grado)

Home Address (Domicilio)

Street (Calle)	PO Box	City (Ciudad)	Zip (Codigo)
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**Please note: Due to the summer class structure, attendance is mandatory for summer driver's education students. More than 1 absence will result in the student being dropped from the course.*

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**For Office Use Only
(Para Uso de Oficina)**

Date of Registration:

SIS Number:

Section:

Registration Fee Paid:

MOTHER/Guardian _____
(Madre/Tutor) Last name (Apellido) First Name (Nombre) Middle Initial (Inicial de Segundo Nombre)

Mother's Maiden Name (Nombre de soltera de la madre) _____

Address (Domicilio):

Street (Calle) PO Box City(Ciudad) Zip (Codigo)

Home Phone(Telefono) _____ Cell # (Celular) _____

E-Mail Address (Correo electronico): _____

Employer _____ Work Phone _____ Ext. _____
(Patron) (Telefono de Trabajo)

FATHER/Guardian _____
(Padre/Tutor) Last name (Apellido) First Name(Nombre) Middle Initial (Inicial de Segundo Nombre)

Address (Domicilio)

Street (Calle) PO Box City (Ciudad) Zip(Codigo)

Home Phone(Telefono) _____ Cell # (Celular) _____

E-Mail Address (Correo electronico): _____

Employer _____ Work Phone _____ Ext. _____
(Patron) (Telefono de Trabajo)

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In case of emergency, please list at least 3 names and phone numbers other than parent/guardian or household members who have your permission to pick up your children. Child will only be released to names written below.

En caso de emergencia, Por favor liste a dos personas y sus numerous (Que no sean de los padres) que puedan recoger a sun nino/a en caso de urgencia. Su Nino/a se entregara a estas personas.

(1)Name _____ Phone _____ Relationship _____
(Nombre) (Telefono) (Relacion)

(2)Name _____ Phone _____ Relationship _____
(Nombre) (Telefono) (Relacion)

(3)Name _____ Phone _____ Relationship _____
(Nombre) (Telefono) (Relacion)

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Illinois State Board of Education
New US Department of Education Race and Ethnicity Data Standards

Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **Choose only one.**

- No, not Hispanic/Latino Yes, Hispanic/Latino

What is the student's race? Choose one or more.

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Please circle any special services your child is currently receiving. Title I ESL
(Favor de circular cualquier servicio especial que niño/a este recibiendo.)

Occupational Therapy (Terapia Ocupacional) Physical Therapy (Terapia Fysical) Counseling/Social Work Service (Consejeria/Trabajo de Social)

Does your child have a current IEP? Yes (Si) No
(Tiene su niño/a Plan de Educacion Individual (IEP)? Special Ed (Ed. Especial) Speech (Habla)

Custody of this child is held by: Both parents Parents jointly Mother only
(Circule quien tiene custodia) (Los dos padres) (Padres Conjunto) (Madre Soltera)

Father only Court ordered legal guardian Foster parent Other
(Padre Soltero) (Guardian Legal por la Corte) (Foster padre) (Otro) _____

Parents are: Living together Divorced Separated Mother deceased Father deceased
(Estatus de Padres): (Viven Juntos) (Divorciado) (Separdo) (Madre No Vive) (Padre No Vive)

Place of Birth _____ US Entry date (If born outside the US) _____
(Lugar de Nacimiento)

Child lives with: Both parents Mother only Father only Mother/Stepfather
(Estudiante vive con): (Los dos padres) (Madre Soltera) (Padre Soltera) (Madre/Padrastr)

Father/Stepmother Other Relative Name _____ Guardian Name _____
(Padre/Madtastra) (Otro Pariente) (Nombre) (Nombre de Tutor)

School last attended _____ City _____ State _____
(Ultima Escuela) (Ciudad) (Estado)

School Phone # (Telefono de Escuela) _____

Is the parent/guardian a member of a branch of the armed forces of the United States; and deployed to active duty or expecting to be deployed to active duty during the school year? Y/N

Please mention below any additional information you deem essential regarding your child in which the school may better help your child's growth process – educationally, socially or emotionally.

(Por favor, escriba cualquier otra informacion sobre su hijo que usted piensa que es necesario para nosotros saber):

Parent/Guardian
Signature (Firma de los padres) _____ Date (Fecha) _____