Teen Driver Education CE Registration Form



Odessa College, Continuing Education – Gregory D. Williams Hall 2714 Robertson Ave. Odessa, TX 79764

DUCATION Phone: (432) 335-6580 Fax: (432) 335-6667 Web: http://tiny.cc/8e9spz

| Last Name <u>Circle one:</u> | Male | First Name (Legal Name Only Female | r) MI | Social Security | / OC ID Number |
|--|------|---|---|------------------------|-------------------------|
| Date of Birth | | Student Cell Phone | Parent Cell Phone | Email Address | |
| Mailing Addre | SS | | City | State | Zip |
| Emergency Contact *Odessa College uses the Social Security Numb | | | tionship ply with state reporting | Phone requirements. | |
| DEMOGRAPH | | TA: Used by the state to help prov | vide support for our pro | grams. Your coope | eration is appreciated. |
| Are you Hispa Select one or I | | | al Information (cho emically disadvantag | | - |

| select one or more races: | L Academically disadvantaged / Learning Disabilities |
|--------------------------------|--|
| 🗖 American/Alaska Native | (Describe) |
| 🗖 Black or African American | Limited English Proficiency |
| 🗖 Hawaiian or Pacific Islander | English Language Learner / ESL |
| 🗆 White 🛛 Asian | Disabled |
| | (Describe) |

REGISTRATION

| Start/End Dates | Class Times | Drive Times | Driving Instructor |
|-----------------|-------------|-------------|---------------------------|
| | | | |
| | | | |

The Teen Driver Education Enrollment Contract must be read, acknowledged, and signed prior to registration. The enrollment contract is available online and must be submitted to CE office staff at the time of registration along with tuition payment. For any classes or programs cancelled by the college, a full refund will be issued. For withdrawals, 100% of the tuition will be refunded if the drop form is received up to 3 business days prior to the first day of class. No refund is given if the drop form is not received prior to 3 days before the first day of class.

I certify that the information I have given on this form is accurate and complete. I understand all Continuing Education policies and guidelines for registration.

Student Signature_____

Date _____

Parent Signature_____

Date _____