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 _____