

**SUMMER SEGMENT TWO DRIVER EDUCATION APPLICATION**

**July 7..8..9 8:00 – 10:00 AM**

**Class will be held at Milford High School**

**I will take applications until the class is full**

Due to the stoppage of mail, I need to receive your application by June 30. After that, you will need to make arrangements to get them to me unless they are faxed. You might not receive any correspondence from me regarding the class. The first class will be held Tuesday, July 7th in the LGI Room at Milford High School from 8:00 – 10:00 AM

- ◆ Applications must be received with a **copy of your Level One License** and a **copy of your driving log** attached - *you cannot begin a class until I have this information*
- ◆ This is a six-hour class (two hours a day for three days).
- ◆ **ATTENDANCE IS MANDATORY – NO TIME MAY BE MISSED.**
- ◆ As soon as I have processed all applications, I will mail you a schedule of your class. Thank you in advance for your patience.

**ENROLLMENT REQUIREMENTS:** COPIES of the following requirements **MUST ACCOMPANY** this application: (*Copiers are available in the library for student use at both LHS and MHS*)

- ◆ **LEVEL ONE LICENSE** that you must have held for a minimum of 90 days
- ◆ **DRIVING LOG** showing at least 30 hours of the mandatory 50 hours of parent-student driving, including 2 of the mandatory 10 hours of night-time driving
- ◆ **CLASS FEE** of \$50.00 (checks made payable to Huron Valley Schools). If you took Segment One before January 2009, then your Segment Two should be paid for. If a check is returned to us for non-sufficient funds, there is a \$25.00 fee.

PLEASE PRINT CLEARLY:

Birthdate: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Current School: \_\_\_\_\_

Student Name: \_\_\_\_\_  
last first full middle

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Segment 1 Completed: \_\_\_\_\_ Issue Date of Level 1 License: \_\_\_\_\_  
mo/day/yr mo/day/yr  
*The date is found at the very top of the license*

Please Note: If your child has health problems that would jeopardize his or her safety or the safety of others, please notify us at (248) 684-8065, or enclose the information with this application.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail, fax, or return application and requirements to:**

Milford High School  
Driver Ed/Bev Stewart  
2380 South Milford Rd.  
Highland, MI 48357

Fax #: (248) 684-8165