

## Parental Approval for Behind the Wheel Driver Education

Permission is granted for my son/daughter \_\_\_\_\_,  
age \_\_\_\_\_, date of birth \_\_\_\_\_, to enroll in behind-the-wheel  
education. It is my understanding that he/she will be under the supervision of a  
state certified instructor employed by Centennial Community Education through-  
out the entire course.

I agree to reimburse the district for expenses incurred due to instruction  
cancelled by my choice including but not limited to lost permit and/or missed  
appointment. Fees for these occurrences shall not exceed \$30 per day.

If for any reason my son/daughter cannot attend a scheduled session, I will  
contact Centennial Community Education at least 1 week in advance to avoid any  
associated fees.

Your son/daughter must have a valid learner's permit to participate.

**1. Permit Number:** \_\_\_\_\_

**2. Expiration Date:** \_\_\_\_\_

Parents please complete and sign:

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

Address of student: \_\_\_\_\_

\_\_\_\_\_

Parent Phone Number: \_\_\_\_\_

This form should be given to your behind-the-wheel instructor on your first day of  
class and will remain on file with Centennial Community Education for 5 years.