

# Maine West High School - Summer School 2017

1755 S. Wolf Rd., Des Plaines, Illinois 60018 • Main Number: 847.827.6176 • Summer School Number: 847.803.5933

Mr. Ben Collins, Summer School Director • Denise Weijhner, Summer School Registrar

## DRIVER EDUCATION INFO AND PROCEDURES

### Driver Education (1/2 credit; \$350\*) – June 5 – June 28, 2017

\*A \$100 out-of-district surcharge will be added to all registrations for students not living in the District 207 attendance area.

### Driver's Education Registration Dates: February 13 – March 3, 2017

### REGISTRATION EXTENDED TO APRIL 28, 2017

**Registration will close when maximum enrollment is reached or on April 28, whichever comes first.** This is **THE ONLY OPPORTUNITY** to register for Summer School Driver Education. Forms turned in after maximum enrollment has been reached or after March 3, whichever comes first, will be put on a waiting list and contacted as spots become available.

Student must be 15 years of age by May 1, 2017 in order to enroll in this class. Classes are filled according to age, oldest to youngest.

### 2017 Driver's Education Summer School Calendar

JUNE 2017						
Attendance Dates – June 5 – June 28						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Tuition must be paid at the time of registration by cash, check, money order or credit card (Visa or Mastercard only). Checks should be made payable to Maine West High School and include student's ID# on the face of the check. **Financial assistance is NOT available for Driver Education students during summer school.**

When registering for Driver Education, you must completely fill out the application and registration form and return it with payment in full. **Payment must accompany the application and registration form or the student will not be registered for summer school. Any incomplete forms or non-payment will prevent us from accepting your registration.**

### \*\*SAVE THE DATES\*\*

**Driver Education students are required to attend three mandatory meetings in May.**

Time and Location for meetings: **Room D106 starting at 3:30 pm**

Wednesday, **May 17, 2017:** Eye Test & Permit Application

Thursday, **May 18, 2017:** Permit Test and \$20.00 check to Secretary of State Collected

Tuesday, **May 23, 2017:** Pick up your Permit

**Please come to each meeting with a fully charged Chromebook.**

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## Registration Form & Payment Due No Later than APRIL 28, 2017.

Please fill out form completely. Mail or drop off along with check or cash to:  
Maine West High School • Attn: Summer School • 1755 S. Wolf Road • Des Plaines, IL 60018

**Student Info – Please fill out completely and legibly**

STUDENT LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

STUDENT ID#: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ COUNSELOR: \_\_\_\_\_

YEAR IN SCHOOL FOR 2016/17:    FRESHMAN    SOPHOMORE    JUNIOR    SENIOR

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN EMAIL ADDRESS: \_\_\_\_\_  
*Please make sure email address is current and legible.*

PARENT/GUARDIAN CONTACT PHONE NUMBER: \_\_\_\_\_

SCHOOL STUDENT ATTENDS:    MAINE WEST    MAINE SOUTH    MAINE EAST

Check if Non-District 207 student and fill in the additional information below about the high school student is currently attending

NAME & ADDRESS of HIGH SCHOOL: \_\_\_\_\_  
\_\_\_\_\_

**Class Registration Info – Please fill out completely and legibly**

*Although we will do our best to accommodate your request, please note that class sizes are limited. We will try to fulfill your wishes. If a course is dropped by the student prior to the first day of the summer session, a refund will be issued minus a \$25 processing fee.*

Course Number	Description	Cost
<b>8801-01</b>	<b>Summer 2017 Driver's Education Program</b>	
<b>No Free/Reduced Lunch Status Discount Available</b>		<b>Total Amount Due</b>
		<b>\$350.00</b>

**Payment Info – Please fill out completely and legibly**

I have attached a check or money order payable to **Maine West High School**. Check #: \_\_\_\_\_

Cash

Credit Card (please check one):    Mastercard    Visa

Credit Card Number:       -     -     -

Expiration Date:     /          3-digit CSV Code (back of card)



Cardholder Signature: \_\_\_\_\_

Print Name as it appears on credit card: \_\_\_\_\_

# Summer 2017 Driver Education Application Form

Please Fill Out This Form Completely and Clearly

Return with Registration Form to Main Office no later than 3:30 p.m. on April 28, 2017.

USE FULL LEGAL NAME (as on birth certificate)

(FULL NAME) First Middle Last

Residence Address

City or Town Zip Code

County	Social Security #			Height Ft. In.		Weight	Color Hair	Color Eyes	Sex	Date of Birth		
Cook												

Parent/Guardian Name(s): \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Student E-Mail Address: \_\_\_\_\_

Parent E-Mail Address: \_\_\_\_\_

Year in school **this year**: (check one) Fr. Soph. Jr. Sr. ID Number: \_\_\_\_\_

2<sup>nd</sup> Semester P.E./Health Teacher: \_\_\_\_\_ Counselor: \_\_\_\_\_

Are you repeating Driver Education? (check one) No Yes

If yes, how many times did you fail? (check one) 1 2 3

Are you enrolling in another summer school course? No Yes If Yes, what course? \_\_\_\_\_

## Please Check Your Preferred Class Time

- AM (7 am-12:00 pm)
- PM (1:00-5:30 pm)
- Does Not Matter