EPCC DRIVER EDUCATION IS COMING TO A HIGH SCHOOL CAMPUS NEAR YOU!

**DRIVER EDUCATION ELIGIBILITY REQUIREMENTS:**

1. Student must be at least 15 years old.
2. Student must qualify for a Verification of Enrollment (VOE) form.
3. For any after school activities (e.g. band, sports or job) – Students must have teacher’s/employer’s approval to participate in the program.
4. Full tuition is $375.00 (Payable in 3 installments).
5. **ONLY CHECKS OR MONEY ORDERS ACCEPTED** and should be made payable to EPCC.
6. Student’s full name must be written on the check/money order.
7. A driver license number or Texas ID number (with expiration date) must be written on any payments made by check.

To register, simply complete the forms on the inside of this booklet and return it along with your first payment to any EPCC-Driver Education Representative during the registration period.

**For more information call 831-7750 or 831-6466**

**Registration: Lunch Time**

**FOR REGISTRATION BRING**
- A BLUE PEN
- A MINIMUM FIRST PAYMENT OF $125.00

*The El Paso County Community College District does not discriminate on the basis of race, color, national origin, religion, gender, age, disability, veteran status, sexual orientation, or gender identity.*
STUDENT INFORMATION

Keeping your information **CURRENT** with EPCC is important. It helps us inform you if classes have been cancelled, if there are changes to your schedule, or if we need to contact you for any reason. Your information is kept confidential. If a student is due any refunds, EPCC will send the check to the address on file.

LEGAL NAME (Last) ___________________________ (First) ___________________________ (MI) ______

MAILING ADDRESS __________________________________________________________

CITY_________________________ STATE_________ ZIP________________________

EMAIL ADDRESS ____________________________________________________________

CELL PHONE ___________________________ WORK PHONE ____________________________

GENDER _____ MALE _____ FEMALE

NEED ACCOMMODATION FOR A DISABILITY? YES* __________ NO __________
*CONTACT CENTER FOR STUDENTS WITH DISABILITIES AT 831-2426

ETHNICITY (optional) ______ WHITE(NON-HISPANIC) ______ HISPANIC/HISPANO

       ______ ASIAN/PACIFIC ISLANDER ______ BLACK(NON HISPANIC)

       ______ AMERICAN INDIAN/ALASKAN NATIVE ______ OTHER

REQUEST EPCC TO WITHHOLD RELEASE OF YOUR DIRECTORY INFORMATION? _____ YES _____ NO

EMERGENCY CONTACT NAME ___________________________ PHONE ___________________________

STUDENT SIGNATURE ___________________________ DATE ___________________________

<table>
<thead>
<tr>
<th>CRN</th>
<th>COURSE / NUMBER</th>
<th>COURSE TITLE</th>
<th>CAMPUS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*The El Paso County Community College District does not discriminate on the basis of race, color, national origin, religion, gender, age, disability, veteran status, sexual orientation, or gender identity.*
I, ________________________________, parent/legal guardian of ______________________________________, do hereby promise to pay the sum of $375 to El Paso Community College (EPCC) as specified in this agreement. I understand my child will not receive a Certificate of Completion for the driver education course upon completion and we will have his/her permit cancelled until this financial agreement has been satisfied.

I further understand that if my child is not able to participate in the program, I am to initiate the drop process in person at any EPCC Campus or through written request submitted to the Driver Education Department.

PLEASE NOTE:
• Drops prior to first day of class: 100%.
• Refunds will take approximately 15 to 20 days to process.

Payment Schedule:
Payment #1 $125 Due Date: At Registration
Payment #2 $125 Due Date: First week of Class
Payment #3 $125 Due Date: Fourth Week of Class

Please Print: Parent/Legal Guardian Information:
First Name __________________________ Last Name __________________________
Mailing Address _______________________________________________________
Driver License # __________________________
Work Phone # __________________________ Cell Phone # __________________________

❖ I GRANT MY CHILD PERMISSION TO PARTICIPATE IN THE DRIVER EDUCATION COURSE OFFERED BY EPCC.
❖ I HAVE READ AND AGREE TO THE TERMS AND RULES OF THIS PAYMENT AGREEMENT.

Print Name (Parent/Legal Guardian) __________________________ Print Name (Student) __________________________
Signature (Parent/Legal Guardian) __________________________ Date __________
Signature (Student) __________________________ Date __________