



**Syracuse City School District
Driver Education Application**



NYS DL – or – Permit ID # _____ - _____ - _____ (Office Use) Student # _____

Student Name: _____

Home School _____ Grade _____

Address _____ City _____

State _____ Zip Code _____ DOB _____

Phone Number _____ Emergency Phone _____

Male _____ Female _____

*List Any disabilities which MAY impair your driving ability. If none, list NONE:

Make Check Payable To: **Syracuse City School District or SCSD**
(\$505.00 Non City Resident or \$405.00 City of Syracuse Resident)

For questions, please call (315) 435-4964

Signed (Parent or Guardian): _____ Date: _____

Mail Check and Application to:

Driver Ed Program / SCSD High School Office
Attn: John Hohm
725 Harrison Street
Syracuse, NY 13210
Phone: (315) 435-4964