

BHM Community Education Classroom Driver Education

Fall B 2019 - Registration Information (Page 1)

Register:

- **Online** bhmschools.ce.eleyo.com
- **Complete the paper registration form**
- **In-person** at Community Education, 301 NE 2nd Ave, Buffalo, MN 55313
- ***Deadline for Early Bird pricing is October 30, 2019 at 4 pm. Classes fill quickly, so register early!***
- Online registration ends November 6 or when the class is full

Registration Forms:

Forms can be downloaded online **bhmschools.org/community-ed** or picked up at the Buffalo High School office or the Community Education office. Online registration is the fastest and easiest way to register!

Fee: *Provide credit card info or check payable to Community Education.*

- \$360 is for 30 hours of classroom instruction **and** 6 hours of behind-the-wheel instruction
- **Note:** After 4 pm on October 30, 2019 the fee will be \$385

Class Size: Maximum 35 students

Class Dates and Times:

- Fall B classes are held 3:35–6:35 pm in **Room F101 at Buffalo High School with Mr. Gunderson**
- A total of 30 hours must be completed and passed ***on or before the last day of class***
- *Instructor may announce changes if he/she has a need to revise scheduled dates/times*

(Wed) November 6	3:35 – 6:35 pm	(Mon) November 11	3:35 – 6:35 pm
(Wed) November 13	3:35 – 6:35 pm	(Mon) November 18	3:35 – 6:35 pm
(Wed) November 20	3:35 – 6:35 pm	(Mon) November 25	3:35 – 6:35 pm
(Mon) December 2	3:35 – 6:35 pm	(Wed) December 4	3:35 – 6:35 pm
(Tue) December 10	3:35 – 6:35 pm	(Wed) December 11	3:35 – 6:35 pm

Parent and Student Safety Meeting:

Will be held **Wednesday, November 13, 6:35-8:35 pm at Buffalo High School in Room C-219**. Safe Communities of Wright County and Driver Education staff jointly conduct the class. We strongly encourage a parent or guardian attend this informative meeting with their son/daughter.

Attendance: 30 hours of instruction is mandated.

Make-Up Session:

One make-up session is scheduled for **Thursday, December 12, 3:35 – 6:35 pm, in Room F101 at Buffalo High School**. Tardies and/or absence from one class needs to be made-up (**November 7 class must be attended**). Students needing more than 3-hours of make-up time will be withdrawn and the student will need to REPEAT ALL THIRTY HOURS of the classroom instruction. **The classroom portion of the fee, \$110, and any late registration fee are nonrefundable.** An additional \$110 fee is required to repeat the classroom instruction. **Check for schedule conflicts prior to registering.**

Instruction Permit Test:

The MN Department of Public Safety will be at Buffalo High School (Room F101) **Monday, December 16, 2019 at 3:35 pm** to administer the written instruction permit for those students who are 15 years old by December 17, 2018 **and** successfully met all requirements of the Fall B classroom instruction by the end of class. 14-year-olds will take the written instruction permit at a exam station when they turn age 15.

Further Questions: Call Community Ed, 763.682.8770, or email Kim Carlson kcarlson@bhmschools.org.

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Fee (must be received with registration): Provide credit card info or check payable to Community Education.

- \$360 is for 30 hours of classroom instruction **and** 6 hours of behind-the-wheel instruction.
- **Note:** After 4 pm on October 31, 2018 the fee will be \$385

Class Size: Maximum 35 students.

FYI: On the day of the written test for the instruction permit on **Monday, December 16 at 3:35 pm**, each student needs to bring their certified birth certificate, current school photo identification card (or original signed social security card), and a check **payable to Wright County Auditor-Treasurer**.

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**Please PRINT Clearly – Return form to BHM Community Education**  
**301 2<sup>nd</sup> Ave NE, Buffalo, MN 55313**

**Class FDE19B**

Student's Legal Name (PRINT) \_\_\_\_\_  
First Middle Last

School attending: \_\_\_\_\_ Grade this school year \_\_\_\_\_ (2018-19)

Date of Birth (M/D/Y) \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Most Common Parent Email Address: \_\_\_\_\_

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

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

**In regards to this student:**

Any medical condition that may impair their ability to safely operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, explain: \_\_\_\_\_

**\*I am aware of the Parent/Student Safety meeting November 13 at 6:35 pm** Parent Initials: \_\_\_\_\_

Payment: Check # \_\_\_\_\_ Cash \_\_\_\_\_

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_