



## Driver's Education Enrollment Form 2025 Summer School Enrollment

**\*\*Return this form with proof of payment to the Chilton County Board of Education to reserve your spot for Drivers Education during the summer of 2025!**

Legal Name: \_\_\_\_\_  
(First) (Middle) (Last)

Legal Address: \_\_\_\_\_  
(Street) (Apt#)  
\_\_\_\_\_  
(City) (State) (Zip)

Email address \_\_\_\_\_  
**(This email address will be used to communicate with you regarding information for this session. Please write legibly! Information about the session will be emailed approximately 2 weeks prior to the course dates.)**

Home Phone: \_\_\_\_\_ Parent Cell: \_\_\_\_\_ Student Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home School: \_\_\_\_\_

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### Scheduling:

\_\_\_\_\_ I would like to take Driver's Education during summer school. Credit for this course will be awarded in July of 2025. Payment will be submitted through the eFunds link that will be available on the CCBOE website from April 1<sup>st</sup>-May 9<sup>th</sup>. Payment must be received during this time frame. Cost \$50

\_\_\_\_\_ Session 1 – June 2-6 OR \_\_\_\_\_ Session 2 – July 7-11

### Credit Options: Please choose one of the following options.

\_\_\_\_\_ Option 1 – I would like for this course to be listed on my High School Transcript. This course is weighted as a standard course on a 4.0 grading scale.

\_\_\_\_\_ Option 2 – I would NOT like for this course to be listed for credit on my High School Transcript.

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Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Payment Method: CASH or Money Order # \_\_\_\_\_