

## Driver's Education Registration Packet and Course Forms

Thank you for choosing the CPTC Driver's Education course! To register, follow the steps outlined below.

### Steps to Register

1. **Select a Class Date:** See the upcoming class dates posted on our website: <https://www.coastalpines.edu/coned>. Select "Personal", then choose the appropriate campus location to view the schedule.
2. **Apply for the scholarship (optional).** We encourage everyone to apply. *Everyone has a chance to receive the scholarship.* After submitting the application, you will receive an email notifying you of the scholarship award status on the first day of the next month following your application submission date. If awarded the scholarship, the GDEC will provide you with a voucher code, which you will enter on your CPTC registration. The voucher will expire if not submitted and redeemed within thirty (30) days of receiving.
3. **Read and understand the Driver's Education Course Information and the Student Code of Conduct** located on our website. Students AND parents: Please be sure to read and understand the Course Information and Student Code of Conduct.
4. **Complete the Driver's Education Registration Packet** available on our website, ensuring the student and parent/guardian sign in all requested areas.
  - a. You may also complete the Registration Packet electronically on the device of your choice. If the document does not work on your device, please print and complete by hand. Or contact [CommunityEd@coastalpines.edu](mailto:CommunityEd@coastalpines.edu) and schedule to pick up or request a copy to be mailed to your physical address.
  - b. All pages/forms in this Registration packet must be completed and returned. Students must return the complete packet with payment in order to be enrolled.
  - c. Only return one Release of Information and Waiver (pages 5 *or* 6). One form is for students under the age of 18. Parents must complete this form for their underage child. Students over the age of 18 may complete that form themselves.
5. **Submit Completed Registration Packet:** To submit electronically, go to our website and complete the Request Electronic Submission online form. Once the Request Electronic Submission form is submitted, CPTC staff will create a folder in OneDrive within 48 business hours. We will name it the CPTC + student's name. We will share it with you according to the information you provided. You may need to create an account on OneDrive for each email addresses provided. Save the Registration Packet and copy/picture of the student's driving permit to this folder. The Driver's Ed Coordinator will be able to access any documents you save to this folder. See detailed instructions in Driver's Education Course Information available on our website.
  - a. To submit by mail, mail to the address at the top of the next page.
  - b. To submit in person, see instructions at the top of the next page.
6. **Student Permit:** Be sure to include a legible copy of the student's driving permit along with the Registration Packet. The permit must be submitted for us to redeem the scholarship voucher. All students enrolled in a course including BTWT must submit the driving permit before BTWT is scheduled. A permit is not required for the classroom-only course.
7. **Payment** is required before any student is enrolled in any class. Enrollment is granted on a first come, first served basis. Registration documents and payment must be completed and submitted in full. Choose your preference and follow the directions on the Driver's Education Registration and Fee Submission Form in the Registration Packet.

If you have any questions or concerns, please contact us at [CommunityEd@coastalpines.edu](mailto:CommunityEd@coastalpines.edu) or 912-262-4300.



## Driver's Education Registration and Fee Submission Form (Part 1)

Additional details, course forms, and course information is available on our webpage

<http://www.coastalpines.edu/driversed/>

**Submit via OneDrive:**

Follow instructions provided in the Driver's Education Course Information located on our website.

**Submit by mail:**

Coastal Pines Technical College  
 Attention: Economic Development – Driver's Ed  
 1777 West Cherry Street  
 Jesup, GA 31545

**Drop-off:**

See SECTION 7 on page 3

***The registration must be processed before in-person or phone payments can be accepted.*** If you would like to make an in-person or phone payment, return the registration packet and this form. We will contact you with further instructions. Please do not mail cash. Please do not email any form that contains your private personal information. Email is not secure.

Section 1 - Course Selection			
Preferred course dates (Choose from our website or write ASAP)		Course Location	
		<input type="checkbox"/> Baxley <input type="checkbox"/> Brunswick <input type="checkbox"/> Camden <input type="checkbox"/> Jesup <input type="checkbox"/> Waycross	
Section 2 – Please provide the STUDENT information in this section			
Full LEGAL name – Last, First, Middle			County of Residence
Street Address	City	State	Zip Code
**STUDENT Email (Required for online class. Please <u>do not</u> provide a school email that includes .ga.us.)			Phone
Highest grade completed	Age	Name of High School	
<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			
Driving permit number (submit copy of permit)	Permit issue date	Permit expiration date	Date of Birth
Gender*	Ethnic Origin*	Race*	Citizenship*
<input type="checkbox"/> Male <input type="checkbox"/> Female	Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander	Are you a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Section 3 – Please provide the PARENT/GUARDIAN information in this section			
First name		Last name	Cell phone
**Email		Home/office phone	
Section 4 – Emergency Contact			
Emergency contact name		Relationship	Emergency contact phone

## Driver's Education Registration and Fee Submission Form (Part 2)

### Section 5 – Scholarship Only

**Scholarship Voucher** Redemption code: \_\_\_\_\_ Application number: \_\_\_\_\_  
Date approval email was received from GDEC: \_\_\_\_\_

### Section 6 – Skip Section

### Section 7 – Additional Instructions

**In-person drop-off of registration/course forms or in-person payments can be made at the following locations:**

- Jesup Site – Economic Development Office in the Polytech 4000 building or College Bookstore in the 1100 building
- Waycross Campus – Economic Development Office in the 6000 building or College Bookstore in the 1400 building
- Brunswick Site – College Bookstore
- Other CPTC Sites – Student Services

**Required Course Forms for Enrollment:** Student Code of Conduct Acknowledgement, Class Student Release Form, Off-Campus Leave Form, Release of Driving Information and Waiver, Cancellation and No-Show Form, FERPA Release, and Driver Training Student Contract.

**Other Requirements for Enrollment:** Copy of student's driving permit (not required for classroom only course) and a scholarship voucher or submission of the course fee.

### Section 8 – Skip Section (CPTC OFFICE USE ONLY)


*\*Coastal Pines Technical College (CPTC) does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, genetic information, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law). The following persons have been designated to coordinate the College's implementation of non-discrimination policies: Katrina Howard, Title IX Coordinator, khoward@coastalpines.edu, 912.427.5876; Cynthia Linder, Title IX Coordinator, Waycross Campus, clinder@coastalpines.edu, 912.287.4098; Cathy Montgomery, Counseling and Special Services Director, ADA/Section 504 Coordinator, cmontgomery@coastalpines.edu, 912.262-9995*

\*\*Your email will not be added to any email lists, advertising list, or shared in any way. Emails will be sent concerning this Driver's Education course only.



### Student Code of Conduct Acknowledgement

We have read and fully understand the Coastal Pines Technical College Registration Packet, Course Information and Student Conduct Code. We understand the \$425.00 payment for this course (scholarship voucher or out-of-pocket payment) only covers the class hours listed online and the first 6 hours of behind the wheel training. We understand the rules and guidelines pertaining to additional fees. We understand that failure to comply with the Student Code of Conduct will result in immediate dismissal from the Driver's Education Program.

Student's printed name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's printed name \_\_\_\_\_ Date \_\_\_\_\_

### Class Student Release Form

I, as the parent/guardian (or a student above the age of 18), understand that I am responsible for (student name) \_\_\_\_\_'s actions when he/she is driving. I will not hold Coastal Pines Technical College responsible for any driving discrepancies that may occur during or after completing the Driver's Education training course.

Printed name \_\_\_\_\_ Date \_\_\_\_\_

### Off-campus Leave Form

**(Required for Students Under 18 Years of Age)**

I grant permission for (student's name) \_\_\_\_\_ to leave campus for lunch. He/she:

will be picked up by his/her parent/guardian

will leave campus with (print names) \_\_\_\_\_

I DO NOT grant permission for (student's name) \_\_\_\_\_ to leave campus for lunch.

Please indicate how your child will be picked up at the end of class each day.

He/she will be picked up by his/her parent/guardian.

He/she will be picked up by \_\_\_\_\_

*I understand and agree to release and forever discharge Coastal Pines Technical College, the Technical College System of Georgia, it's members individually, and its officers, agents and employees, from any and all claims, demands, rights and causes of action of whatever kind or nature, arising from my child's activities at any time they are off campus property.*

Parent/Guardian's printed name \_\_\_\_\_ Date \_\_\_\_\_



This permission slip will be kept on file. Discuss this with your child. Students will be expected to adhere to these instructions.

CONSENT BY PARENT OR LEGAL GUARDIAN FOR RELEASE OF DRIVING INFORMATION AND WAIVER

(Required for Students Under 18 Years of Age)

I, \_\_\_\_\_ (parent or legal guardian), hereby voluntarily consent on behalf of,

\_\_\_\_\_ (student), a minor, to the release of all information held by the Georgia Department of Driver Services or any other federal, state or local government organization of any type, including, but not limited to, law enforcement agencies of federal, state or local government, that relates in any way to the minor's operation of a motor vehicle in the State of Georgia or elsewhere. I grant this consent in furtherance of my request for the minor's participation in driver education activities or courses offered in conjunction with the Georgia Driver's Education Commission, the Governor's Office of Highway Safety or the Technical College System of Georgia and this request applies to requests for information submitted by any or all of said agencies of the State of Georgia.

I understand that audio, video, and GPS recording devices may be used as a part of the driver's education course. Some of the vehicles provided for driver education are equipped with recording devices that record audio and video inside the vehicle cab, video facing outboard the front windshield, and GPS recording. I understand that such audio, video, and GPS recording devices are in use and consent to their use. I further consent to GDEC, TCSG, and the driver education provider using pictures, audio, and video, obtained from said recording devices, for training and PR purposes.

I understand that the minor's participation in the driver education activities or courses could expose the minor to personal or bodily injury, including death. I understand that the risks that the minor may encounter include, but are not limited to, transportation accidents. In the event of a transportation accident, which could include bodily or personal injury, or even death, I, as the parent or legal guardian of the minor, am responsible for all costs, including but not limited to, the costs of medical care.

I understand, and hereby acknowledge, that the minor is not obligated or required to participate in the driver education activities or courses offered in conjunction with the Georgia Driver's Education Commission, the Governor's Office of Highway Safety or the Technical College System of Georgia. In exchange for the instruction, use of equipment, materials and supplies by my child, and his/her being allowed to participate in this driver's education course, I waive any and all claims and causes of action related to the minor's participation and hereby jointly release, acquit and forever discharge the State of Georgia, the Georgia Driver's Education Commission, the Governor's Office of Highway Safety, and the Technical College System of Georgia, their respective officers, members, directors, including its past, present, and future subsidiaries, divisions, agencies, instrumentalities, successors, agents, servants, representatives, employees, affiliates, partners, heirs, administrators, personal representatives, assigns, attorneys and volunteers.

This consent is given freely and voluntarily by me, on behalf of the aforementioned minor, without coercion, duress, threat or promise of any kind and shall remain in effect for a period of ten (10) years after the date of signature below or until revoked in writing by the minor upon the minor reaching the age of majority. Revocation of consent must be in writing and delivered to the Technical College Driver's Education program address providing the student training.

By signing below, I certify that I am the legal guardian of the aforementioned minor, that I am 18 years of age and am otherwise fully competent to give this consent.

Dated at \_\_\_\_\_ (location) this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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Printed name of Parent or Legal Guardian: \_\_\_\_\_

Printed name of Student: \_\_\_\_\_

Student's Driver's License Number: \_\_\_\_\_

Revised 3.28.17

**CONSENT FOR RELEASE OF DRIVING INFORMATION AND WAIVER**

**(Required only for students above 18 years of age)**

I, \_\_\_\_\_, hereby voluntarily consent to the release of all information held by the Georgia Department of Driver Services or any other federal, state or local government organization of any type, including, but not limited to, law enforcement agencies of federal, state or local government, that relates in any way to my operation of a motor vehicle in the State of Georgia or elsewhere. I grant this consent in furtherance of my request to participate in driver education activities or courses offered in conjunction with the Georgia Driver's Education Commission, the Governor's Office of Highway Safety or the Technical College System of Georgia and this request applies to requests for information submitted by any or all of said agencies of the State of Georgia.

I understand that audio, video, and GPS recording devices may be used as a part of the driver's education course. Some of the vehicles provided for driver education are equipped with recording devices that record audio and video inside the vehicle cab, video facing outboard the front windshield, and GPS recording. I understand that such audio, video, and GPS recording devices are in use and consent to their use. I further consent to GDEC, TCSG, and the driver education provider using pictures, audio, and video, obtained from said recording devices, for training and PR purposes.

I understand that participation in the driver education activities or courses could result in my personal or bodily injury, including death. I understand that the risks that I may encounter include, but are not limited to, transportation accidents. In the event of a transportation accident, which could include bodily or personal injury, or even death, I am responsible for all costs, including but not limited to, the costs of medical care.

I understand, and hereby acknowledge, that I am not obligated or required to participate in the driver education activities or courses offered in conjunction with the Georgia Driver's Education Commission, the Governor's Office of Highway Safety or the Technical College System of Georgia. In exchange for the instruction, use of equipment, materials, supplies and for being allowed to participate in this driver's education course, I waive any and all claims and causes of action related to my participation and hereby jointly release, acquit and forever discharge the State of Georgia, the Georgia Driver's Education Commission, the Governor's Office of Highway Safety, and the Technical College System of Georgia, their respective officers, members, directors, including its past, present, and future subsidiaries, divisions, agencies, instrumentalities, successors, agents, servants, representatives, employees, affiliates, partners, heirs, administrators, personal representatives, assigns, attorneys and volunteers.

This consent is given freely and voluntarily by me without coercion, duress, threat or promise of any kind and shall remain in effect for a period of ten (10) years after the date of signature below.

**By signing below, I certify that I am 18 years of age and am otherwise fully competent to give this consent.**

Dated at \_\_\_\_\_ (location) this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

**O**

Printed name: \_\_\_\_\_

Driver's License number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Revised 10.26.15



## Cancellation and No-Show Form

By signing below, I understand that, once enrolled, the associated course fee must be paid, unless you submit a request to cancel the registration in writing by mail, email, or fax that is received in the Economic Development office at least seven (7) days prior to the course start date.

By signing below, I understand that, the GDEC voucher will be forfeited if my student fails to show for the course or does not complete the course as outlined in the course information. CPTC has no responsibility to provide a Certificate of Completion to any student who does not show up, drops out or does not complete the full requirements for the 30-hour classroom session and/or the 6-hour Behind-the-Wheel Training session(s).

By signing below, I understand if my child's scheduled behind-the-wheel-training appointment must be rescheduled, I must contact the office 48 hours prior to the scheduled appointment. Failing to reschedule 48 hours prior to the scheduled appointment, will result in a \$25.00 cancellation/rescheduling fee, which will be charged to student's account. *ALL cancellation or reschedule requests must take place during business hours: Monday–Thursday, 7:00am – 5:00pm. The office is CLOSED Friday – Sunday.*

By signing below, I understand if my child does not show up for his/her scheduled behind-the-wheel-training appointment, or if I fail to cancel the appointment within 48 business hours, the student's account will be charged a \$50.00 no show fee. Instructors will wait a maximum of 30 minutes in case students run late. If you are more than 30 minutes late, it is considered a no-show.

By signing below, I understand any and all outstanding Driver's Ed fees must be paid in full before CPTC will schedule further driving with your student. Also, all Driver's Ed course fees must be paid-in-full before CPTC will release the Certificate of Completion.

By signing below, I understand that any and all outstanding Driver's Ed fees will result in a hold on the student account, which must be satisfied prior to applying for admission to CPTC, registering for other courses at CPTC, requesting transcripts, utilizing testing services, and/or accessing all other services provided by CPTC.

\_\_\_\_\_ Date

\_\_\_\_\_ FERPA Release

The Family Education Rights and Privacy Act (FERPA) protects the privacy of student education records. Coastal Pines Technical College, in accordance with FERPA, withholds the disclosure of personally identifiable information from educational records unless the student has provided consent or FERPA allows disclosure. This information includes, but is not limited to, student schedules, grades, student account information.

\_\_\_\_\_ Student Name (please print)

\_\_\_\_\_ Email Address

I hereby give permission for Coastal Pines Technical College personnel to provide information concerning my educational record to (parent(s)/legal guardian(s)) \_\_\_\_\_.

\_\_\_\_\_ Date



