

Alachua County Public Schools Traffic Safety Center

3501 NE 12th Street, Gainesville, Florida 32609

Phone (352) 955-6959

Wednesday June 5 – Tuesday, July 9 *WE WILL NOT MEET JULY 4TH OR 5TH*

Session A: 7:30 – 10:45 am

Session B: 12:30– 3:45 pm

Registration begins Monday, March 18, 2024. All classes are at the Traffic Safety Center (TSC). You may select Session A or B. Both sessions include class and lab. Students must furnish their own transportation to class.

This course includes the Traffic Law and Substance Abuse Education Course, and one-half (unweighted) elective credit may be earned. Students will receive an insurance discount certificate and a testing waiver upon satisfactory completion of the course. There is a non-refundable \$100.00 lab fee (cash, check, or money order – no credit cards).

Students must be present on the first day to secure their enrollment and attend class every day to earn credit and the driver license test waiver. Students may only miss one day without penalty - students lose their test waiver after two absences and are dismissed from the program after three absences. Please note that we meet Monday-Friday.

TO REGISTER • You must be 15 years old by June 11, 2024 and a resident of Alachua County. • You do not need a Learner’s License to start the course. Students without one will earn the license at the end of the first week of instruction. • Complete the registration form below and send to the Traffic Safety Center with a \$100.00 lab fee by May 14TH, 2024. Make checks out to SBAC. NO REFUNDS. Please call 955-6959 to confirm enrollment. Please note: your registration must be received at the Traffic Safety Center (not your high school) by May 24, 2024. Detach and retain top portion; deliver or mail bottom half to: Traffic Safety Center, 3501 NE 12th Street, Gainesville, FL 32609

DETACH AND RETAIN TOP PORTION OF FORM. MAIL OR BRING TO TRAFFIC SAFETY CENTER 3501 NE 12th Street, Gainesville, FL 32609

Name _____ Age _____ (PLEASE PRINT) Student’s Last 5 SSN: _____ (State license test requirement)

DOB _____ Parent Phone: _____ Address _____
City/Zip _____ School _____

attending next year _____ Grade next year _____ Learner’s Driver License Yes No (CIRCLE ONE)

Session Preference: A B (CIRCLE ONE) Will attend other session if preference is full? Yes No (CIRCLE ONE)

REQUIRED: Parent Signature _____ Date _____