



**Branch's Driving School
in conjunction with the Syracuse City School District
Driver Education Application
Beginning January 30, 2012**

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 (\$425.00 Non City Resident or \$350.00 City of Syracuse Resident).

For questions, please call (315) 435-4076

Signed (Parent or Guardian): _____ Date: _____

Mail Check and Application to: SCSD / Driver Ed Program - Attn: John Hohm, Driver Ed
Coordinator 919 Glenwood Ave, Syracuse, NY 13207
Phone: (315) 435-4076