

**CARLISLE AREA SCHOOL DISTRICT
SECONDARY SUMMER SCHOOL 2024
APPLICATION FOR SUMMER DRIVING**

Name: _____
Last First Middle Initial

Applicant's Date of Birth _____ Age _____ Last Grade Enrolled _____

Sending School (If not Carlisle High School) _____

Student Cell Phone Number: _____

Parent or Guardian: _____

Home Phone: _____ Work: _____ Cell: _____

Address: _____

Parent /Guardian Signature

Date

Summer School Dates:

Session #1 – June- 7, 8(Saturday), 10,11,12,13

Session #2 – June 14, 17,18, 19, 20, 25

Session #3 – June 26, 27, 28 July 8, 9, 10

Dates may be added in July/August as necessary.

Please indicate session choice in order of preference:

First Choice: Session # _____

Second Choice: Session # _____

Third Choice Session # _____

Driving periods available:

Indicate hour choice in order of preference with #s 1,2,3,4

7:00- 8:00 a.m. _____ 10:00- 11:00 a.m. _____ 12:15 - 1:15 p.m. _____
8:00- 9:00 a.m. _____ 11:00- 12:00 noon _____ 1:15- 2:15 p.m. _____
9:00- 10:00a.m. _____

Registration fee = \$350.00

- **If you are not available for every day during any session let me know and we can customize a schedule that will work for both of us. Please just indicate the dates above that will work or contact me at: kretzinj@carliseschools.org or 717 386-6051**
- Please promptly return this completed form to Mr. Kretzing, with a check made out to **CARLISLE AREA SCHOOL DISTRICT**
- Remember: You **must** have a Learner's Permit or License in order to drive
- *Your driving schedule will be assigned on a first-come, first-served basis, and you will be sent your schedule before the end of the school year.*