



*The Driver's Education program offered by Augusta Technical College meets the option that includes 30 hours of classroom instruction and 6 additional hours of drive time with an instructor. Most insurance companies also give a reduction (approx. 10%) on insurance premiums upon successful completion. Augusta Tech provides a (DDS approved) Driver's Education program in cooperation with the Georgia Driver's Education Commission (GDEC).*

## Driver's Education Registration Form

The following checklist is an important part of your child's application. Use this checklist to ensure that you submit a **COMPLETE** registration packet. **Incomplete packets will not be accepted.**

The completed registration packet must contain:

- Student Code of Conduct Signature Page and Release Form (p. 3)
- Release of Claims, Waiver of Liability Form (p. 4)
- Off-Campus Leave Form (p. 5)
- Consent By Parent/Legal Guardian for Release of Driving Information and Waiver (p. 6)
- Continuing Education Registration Form (p. 7)
- No Show Policy (p. 8)
- Driver Education Student Dress Code and Vehicle Rules and Regulation Policy (p. 9)
- Attach an enlarged copy of learner's permit.**

**The following criteria must be met in order to fulfill requirements of the Driver's Education program at Augusta Technical College.**

1. Your child must show up on the first day of class.
2. Your child must attend **all** 30 hours of classroom sessions and six hours of behind the wheel driving for the entire duration. Students are required to be on time for class.
3. Your child must pass the final written exam with a grade of at least 70.
4. Start supervised driving now. We highly recommend that students complete at least 25 hours of driving with a parent/guardian before starting the driver's education class at Augusta Technical College.

Once you have completed the registration packet, please submit the entire packet via email, mail or in person. Applications can be sent via email to:

[lakeshia.moore@augustatech.edu](mailto:lakeshia.moore@augustatech.edu)

Applications can also be submitted in person or by mail to:

Augusta Technical College  
Continuing Education and  
Workforce Training Department  
Attention: La'Keshia Moore  
3200 Augusta Tech Drive  
Building 600  
Augusta, Georgia 30906

**Registration packets can be submitted to the Continuing Education and Workforce Training Department during the following hours:**

**Monday – Thursday 8:00 a.m. to 4:30 p.m.  
Friday 8:00 a.m. to 3:30 p.m.**

If you have any questions, or if I can be of further assistance, please do not hesitate to contact me at [lakeshia.moore@augustatech.edu](mailto:lakeshia.moore@augustatech.edu) or (706) 771-5712.



### **Accommodations**

For assistance in requesting an accommodation or to disclose a disability, contact the Special Needs Counselor, Karissa Davis Wright, at [kdavis@augustatech.edu](mailto:kdavis@augustatech.edu) or call 706-771-4067.

### **Textbook and Workbook**

Textbooks will be issued to each student on the first day of class. The student must return the textbook in the same condition as issued on the first day of class. There is a \$40 fee for textbooks that are not returned in good condition on the last day of class.

### **Pickup Time**

Parents are responsible for picking up students on time at the end of class. Parents should arrive 10 minutes prior to class ending. Parents must sign students out daily. Students will only be released to their parent/guardian or those on approved carpooling list. Please be sure to include all parties on the Off-Campus Leave Form.

### **Attendance Policy**

In order to receive certification, and the class at no charge, the student must complete all 30 hours of classroom instruction and the 6 hours of driving. Please note the driving will be scheduled after the students complete the classroom portion of the class. Students are expected to attend class every day as scheduled.

### **Certificates of Completion\***

**Certificates are usually prepared within 3 -5 business days of completion of last driving appointment. Certificates of completion will emailed to parents.**

### **Driving Log\***

**Please Note: We highly recommend that students complete at least 25 hours of supervised driving with a parent/guardian before starting a driver's education class. All driving should be documented on the driving log.**

**\*Please keep for your records**



**Office Use Only**

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

Student ID: \_\_\_\_\_

CRN #: \_\_\_\_\_

## **REGISTRATION PACKET**

### **Student Code of Conduct**

We would like to thank you for giving us this opportunity to help your teen recognize the concepts of safe driving. We will make every effort to ensure his/her safety throughout this program. We expect students to govern themselves according to the rules and regulations established in the Augusta Technical College Student Code of Conduct. The Code of Conduct can be found in our catalog.

We have read the Augusta Technical College Student Code of Conduct, which can be found in the college's Student Handbook.

We understand that failure to comply with the Student Code of Conduct will result in immediate dismissal from the Driver's Education program without a refund.

\_\_\_\_\_  
Student's Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

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### **STUDENT RELEASE FORM**

I, as the parent/guardian, understand that I am responsible for my child's actions when he/she is driving. I will not hold Augusta Technical College responsible for any driving discrepancies that may occur after completing the Driver's Education training course.

Student's Name (Please Print): \_\_\_\_\_

Parent/Guardian's Name (Please Print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

### **In Case of Emergency Contact**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_



**RELEASE OF CLAIMS, WAIVER OF LIABILITY  
ASSUMPTION OF RISKS AND INDEMNIFICATION AGREEMENT**

I hereby acknowledge that my child (student's name) \_\_\_\_\_ voluntary participation in the Driver's Education program sponsored and administrated by the Department of Continuing Education at Augusta Technical College, involves an inherent risk of and exposure to property damage and bodily or personal injury, including injury that may prove to be fatal, to me, to my child, or to others. Dangers involved in this activity include, but are not limited to, heat related illnesses, hypothermia, cardiac/circulatory problems, musculoskeletal injuries (sprains, strains, bruises, fractures, etc.), stings and bites, concussions, and cuts/lacerations. I fully assume all risks of injury, sickness or death to me and/or my child associated with participation and/or my child's participation in the above stated voluntary activity, and I fully consent to my participation and/or my child's participation. For the sole consideration of Augusta Technical College arranging for and allowing my participation and/or my child's participation in the voluntary program, and in connection therewith, making available for my use and/or my child's use while participation in such program, certain equipment, facilities, grounds or personnel of Augusta Technical College, I hereby release Augusta Technical College, the Technical College System of Georgia, their members individually and their officers, agents and employees (hereafter "Releasees") from any and all liability, claims, damages, demands, rights, and causes of action of whatever kind, arising from or by reason of any personal injury, property damage, or the consequences thereof, resulting from or in any way connected with my participation and/or my child's participation in the program. I understand and acknowledge that acceptance of this signed RELEASE OF CLAIMS WAIVER OF LIABILITY, ASSUMPTION OF RISKS; AND INDEMINIFICATION AGREEMENT (hereafter "Agreement") by Releasees shall not constitute a waiver, in whole or in part, of sovereign immunity by Releasees. I further understand and agree that this Agreement shall be effective during the entire period of my participation and/or my child's in the above referenced program.

I understand and agree that the Releasees do not have medical personnel available at all times during the program and are hereby granted permission to authorize emergency medical treatment, if necessary, for me and/or my child, and that such action by Releasees shall be subject to the terms of this Agreement. I state that neither I nor my child has any health-related problems which preclude or restrict participation in this program, and I understand that I am responsible for any and all required medical costs that may possibly result from participation in this program.

I acknowledge and represent that I have fully informed myself of the contents of this Agreement, that I freely and voluntarily sign this Agreement, and that it is my express intent that this Agreement shall contractually bind me, my child, my heirs, executors, administrators, and assigns, and my child's heirs, executors, and administrators, and assigns.

**This, the \_\_\_\_\_ (day) of \_\_\_\_\_ (month), 20\_\_\_\_ (year).**

**Signature of Parent/Guardian:** \_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_  
**(Must be 18 years or older.)**



**CONTINUING EDUCATION OFF CAMPUS LEAVE FORM**

I grant permission for my child, \_\_\_\_\_,  
to leave campus at the end of the class day.

**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 or will be carpooling with (please list all names including parents).

_____	_____
_____	_____
_____	_____

*I understand and agree to release and forever discharge Augusta Technical College, the Technical College System of Georgia, its 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 Signature**

\_\_\_\_\_  
**Date**

**This form will be kept on file, and students will be expected to adhere to these instructions.**



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

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 \_\_\_\_\_ (month), **20** \_\_\_\_\_.

**Signature of Parent and Legal Guardian:** \_\_\_\_\_

**Printed Name of Parent or Legal Guardian:** \_\_\_\_\_

**Printed Name of Student:** \_\_\_\_\_

**Student's Driver's Permit Number:** \_\_\_\_\_



**AUGUSTA TECHNICAL COLLEGE  
CONTINUING EDUCATION**

**DRIVER'S EDUCATION SELF-PAY REGISTRATION FORM**

3200 Augusta Tech Drive, Building 600, Augusta, Georgia 30906  
A Unit of the Technical College System of Georgia, an Equal Opportunity Institution

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_

**ETHNIC BACKGROUND:**

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Caucasian              | <input type="checkbox"/> Black/Non-Hispanic | <input type="checkbox"/> Hispanic    |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Native American    | <input type="checkbox"/> Multiracial |

Address: \_\_\_\_\_

Circle Grade Level:    **9**        **10**        **11**        **12**        **Graduated**

Parent Email: \_\_\_\_\_ Student Email: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Parent Cell: \_\_\_\_\_ Student Cell: \_\_\_\_\_

GA Permit Number/Expiration Date: \_\_\_\_\_

Class Selected: \_\_\_\_\_

**Driver's Education Fee: \$350.00. All payments will be processed in Student Accounts (Building 100) or (706) 771-4030. Cash, check, or money order payable to Augusta Technical College or credit card (Discover, VISA, and Mastercard) are accepted forms of payments.**

**\*Note to Student Accounts: Credit CONTINUING EDUCATION**

- |                                |  |
|--------------------------------|--|
| <u>Fees/Policies:</u>          | Course is subject to cancellation/revision without notice.   |
| <u>Refunds or Withdrawals:</u> | 100% refund if you withdraw <u>two business days</u> prior to first class meeting. There is <u>NO</u> refund after the first class meeting. To withdraw from a course, contact <a href="mailto:lakeshia.moore@augustatech.edu">lakeshia.moore@augustatech.edu</a> or 706-771-5712 or <a href="mailto:lgiddings@augustatech.edu">lgiddings@augustatech.edu</a> or 706-771-5705. |
| <u>Course Cancellations:</u>   | 100% refund if course is cancelled by the college. The Business Office mails refund checks in approximately 10-12 business days.   |
| <u>Accommodations:</u>         | For assistance in requesting an accommodation or to disclose a disability, contact the Special Needs Counselor, Karissa Davis Wright, at <a href="mailto:kdavis@augustatech.edu">kdavis@augustatech.edu</a> or call 706-771-4067.  |

Augusta Technical College does not discriminate on the basis of race, color, national origin, sex, age or disability. For information on Title IX, contact the Title IX Coordinator, Shannon Patterson at (706) 771-4013 or in Building 100. For information on ADA/504, contact the ADA/504 Coordinator, Karissa D. Wright, at (706) 771-4067 or go to the Counseling Center in Building 1300.



# **NO-SHOW POLICY**

**Parents and Students: Please Read and Sign  
(Your signature is required.)**

**By signing, you agree to adhere to the NO-SHOW policy which states that a \$25 fee will be assessed for any NO-SHOWS for scheduled driving instruction. Missed sessions will not be re-scheduled until the fee is paid.**

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

- ✓ **You must include an enlarged clear copy of learner's permit in order for the application packet to be COMPLETE.**
- ✓ **Students who submit a temporary (45 day) copy of their paper permit will be required to bring a permanent copy when classes start.**





## **Driver Education Student Dress Code and Vehicle Rules and Regulation Policy**

All students participating in the Joshua's Law Driver Education program must follow the dress code and vehicle rules and regulations for Augusta Technical College.

### **Dress Code**

1. Please note that students cannot wear sandals, flip-flops, tap shoes, cleats or bedroom slippers during the course. Sneakers/tennis shoes or closed toe shoes are the preferred footwear. Students are prohibited from being barefoot at any time.
2. Students should not wear short skirts, dresses, or shorts. Blue jeans, or long shorts are the preferred dress for both male and female students. See through tights are not allowed.
3. Students are prohibited from wearing tanks tops, tube tops, revealing thin strapped, spaghetti straps, see-through or midriff tops.
4. Students are prohibited from using cellphones or electronic devices in the classroom or driver education car.
5. Students are not allowed to wear hats, bandanas, hoodies, do-rags, or scarves (unless for religious purpose).
6. Students are not allowed to wear sagging pants or shorts.
7. Undergarments and the buttocks **MUST** remain entirely covered even while seated.
8. Rips/tears in clothing are not permitted.

### **Vehicle Rules and Regulations**

1. Any student who forgets his or her permit will not be allowed to drive.
2. Students may not operate vehicles if they are taking medication prohibiting operation of heavy equipment.
3. Students should not eat or drink in the Driver's Education car. Water bottles are permitted.
4. Students that have a class B restriction on their permit (lenses required) will not be allowed to operate a vehicle without proper eyewear.
5. Students will only be allowed to drive 1.5 hours in a 24 hour period.
6. Students should report to driving appointments on time.
7. Students are prohibited from using cellphones or electronic devices in the classroom or driver education car.

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**Student Signature**

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**Date**

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**Parent Signature**

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**Date**