

MERCY COLLEGE

555 BROADWAY
DOBBS FERRY, NY 10522

DRIVER EDUCATION

2018-2019 SCHOOL YEAR

DOBBS FERRY CAMPUS

This course is available to students who will be sixteen years old by the first class session of the term for which they are enrolling. Students who successfully complete this New York State approved course will be entitled to senior driving privileges at age seventeen as well as applicable insurance reductions. The course consists of classroom instruction, behind-the-wheel training and observation time. All classes will meet at the Mercy campus. Driving schedules will be made at the second class session. Driving time is additional to classroom time and day. All students must secure a DMV client ID number in order to receive MV285 Certificate of Completion (Permit or State ID).

CLASSROOM MEETING TIMES

FALL TERM:	Mondays — September 17, 2018 through January 14, 2019	4:30pm - 6:00pm
	<i>or</i> Saturdays — September 8, 2018 through December 22, 2018	9:30am - 11:00am
SPRING TERM:	Mondays — February 11, 2019 through June 17, 2019	4:30pm - 6:00pm
	<i>or</i> Saturdays — February 2, 2019 through June 8, 2019	9:30am - 11:00am
SUMMER TERM:	Monday through Thursday — July 1, 2019 through July 31, 2019	4:30pm - 6:00pm

Tuition: \$460 For additional information call (914) 674-7477 or email [easatdobbsferry@gmail.com](mailto: easatdobbsferry@gmail.com)

To Register: Mail completed form with tuition payment (do not mail cash) to:

Mercy College Driver Education
Main Hall Room 235
555 Broadway
Dobbs Ferry, NY 10522

Full refund given if requested before first day of Semester
all refunds are made by check from Mercy College

DETACH HERE

DRIVER EDUCATION

2018-2019

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CHECK ONE: **Fall Term** **Spring Term** **Summer Term**

Name (as it appears on license or permit) _____

Address (number and street) _____

City/State/Zip _____

Phone Number _____ Date of Birth _____

Parent's Cell Number _____ Parent's Email _____

TUITION: \$460 FOR CREDIT CARD PAYMENT: CHECK ONE: Visa Mastercard Discover

Account Number _____

Expiration Date _____

Amount Paid: \$460

Cardholder's Signature _____ Print Name _____