

**MERCY COLLEGE**  
2651 STRANG BLVD.  
YORKTOWN HEIGHTS, NY 10598

DRIVER EDUCATION

**2018-2019 SCHOOL YEAR**

YORKTOWN 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 Yorktown 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**

<b>FALL TERM:</b>	Tuesdays — September 18, 2018 through January 15, 2019	4:00pm - 5:30pm
<b>SPRING TERM:</b>	Tuesdays — February 12, 2019 through June 17, 2019	4:00pm - 5:30pm
<b>SUMMER TERM:</b>	Tues/Wed/Thurs — June 25, 2019 through July 31, 2019	9:00am - 10:30am or 10:30am - 12:00pm or 4:00pm - 5:30pm

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

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**DETACH HERE**

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**CHECK ONE:**     FallTerm     SpringTerm    SummerTerm:  9am     10:30am     4:00pm

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 \_\_\_\_\_