



**Bluewater District School Board**  
 351 1st Ave. N., Box 190, Chesley, Ontario N0G 1L0 (519) 363-2014 or 1-800-661-7509  
**BEGINNER DRIVER EDUCATION – APPLICATION**

<b>Name of Secondary School</b>
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Course to be held at:

**(Name: as it appears on your G1)**

<b>Surname:</b>	<b>First Name:</b>	<b>Middle Name(s):</b>	<b>Course Start Date (Yr—Mth—Day)</b>
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<b>Address: (Street # - Apt. #) or (Lot - Conc - Twp - R.R.#)</b>	<b>(City, Town, Village)</b>	<b>Postal Code</b>
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<b>E-Mail Address (Optional)</b>	<b>Telephone: (Home) (Include area code)</b>	<b>Date of Birth (Yr—Mth—Day)</b>	<b>Sex:</b> <input type="checkbox"/> F <input type="checkbox"/> M
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<b>G1 Learner's Permit No:</b>	<b>Effective Date (Yr—Mth—Day)</b>	<b>Expiry Date (Yr—Mth—Day)</b>
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**NOTE: Student should have attained G1 Licence prior to starting the course or must be eligible to obtain G1 before the classroom session is completed. Please bring "Official Driver's Handbook" to all classes.**

**Parent/Guardian:** (required if student is under 18 years of age)

I hereby give approval for \_\_\_\_\_ **(name of student)** to participate in the Beginner Driver Education program offered through Bluewater District School Board.

I understand that the instructors of this course are properly certified and hold a certificate as required by law. I certify that the statements in this document are accurate and consent to the release of any information contained herein to the Ministry of Transportation, Insurance Bureau of Canada and the MTO Course Inspector.

**NOTE: Certification eligibility requires students to successfully complete all course components with a minimum grade average of 75% within 12 months of starting the course.**

Signature of Student _____	Date _____	Signature of Parent/Guardian _____
		Print Name of Parent/Guardian _____

COURSE FEE - \$700.00 (includes all applicable taxes)  
 Payment Method: Cheque  Payable to Bluewater District School Board. Attach to application  
 Visa/Mastercard  Please complete the on-line payment at  
<https://bwdsb.ebasefm.com/programs/>

**Your completed application/documentation should be sent by fax 519-370-2974 OR e-mail to [drivereducation@bwdsb.on.ca](mailto:drivereducation@bwdsb.on.ca) OR mail to BWDSB, Attn: Community Education at least 2 weeks prior to the course start date.**

Personal information on this form is collected under the authority of the Education Act, R.S.O. 1990, C.E.2, for registration purposes and will be used to maintain a record of students registered for driver education programs. Questions about this collection should be directed to the Community Education Supervisor, Bluewater District School Board, 351 1<sup>st</sup> Ave. N. Chesley, Ontario, N0G 1L0 519-363-2014

**We will ONLY contact you if you are NOT in the session you signed up for.**

<b>Internal Use Only:</b>	
Date Registered (Yr/Mth/Day):	PR #:
Payment Received/Sent to Acctg:	Date MTO Enrolled: