University of Nebraska at Kearney
Credit Card Information Security Form

Department Name: Nebraska Safety Center
Date: ______ / ______ / ________
Customer Name: ________________________________________
Name on Credit Card: ______________________________________
Credit Card Type: MasterCard ____ Visa ____
Credit Card Number: _______ - _______ - _______ - _______
Expiration Date: ______ / _________
Signature as it appears on card: _________________________
Billing Street Address: ___________________________________
Billing State: _______ Zip Code: __________
Daytime Phone: (______) _______ - __________
Amount to be charged: $ __________________
Reason for charge: _____________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

(office use only)

Date of entry: ______ / ______ / ________
Processor’s Name: ________________________________________

Electronic Check Re-Presentment Policy: In the event that your check is returned unpaid for insufficient or uncollected funds, we may re-present your check electronically. In the ordinary course of business, your check will not be provided to you with your bank statement, but a copy can be retrieved by contacting your financial institution.

Please visit with your insurance provider to discuss potential discounts you may receive on your child’s vehicle by passing this course!

The University of Nebraska at Kearney is an Affirmative Action/Equal Opportunity Institution.

Individuals needing accommodation under the ADA should contact the Nebraska Safety Center at (308) 865-8256 or the University’s ADA Coordinator at (308) 865-8655.
Cost: $330. Registration deadline is two weeks prior to the course start date. You may register and pay online at: www.unk.edu/dred.

**Nebraska Safety Center**

**Driver Education Registration Form**

**First Name**: _______________________     **Last Name**: _________________________     **Birth Date**: _____ / _____ / _________

**Address**: ___________________________________________     **City**:  ____________________     **State**:  _____  **ZIP**:  __________

**Permit Type**:  ____________________________     **Permit Number**:  __________________________

**Gender**: _____________

**High School Attending**:  ______________________________________________________________________________________

**Parent/Guardian Information**

**Name(s)**:  ____________________________________________________________     **Phone Number**:  (_____) _____

**Work Phone Number**:  (_____) _____   **E-mail Address**:  __________________________________________________

**Emergency Contact Information**

**Name**:  _______________________________________________________________   **Phone Number**:  (_____) _____

**Sutherland**

Class: Monday, July 16, 2018 through Friday, July 20, 2018 (8:00 a.m. to 12:30 p.m.)

Range and Simulation in Kearney: None

Registrations will be accepted in person, via fax, mail and online. **No telephone registrations will be accepted.** To register for the course, complete this registration form, and return it to the Nebraska Safety Center with payment or you may register online, by visiting our website at: www.unk.edu/dred. Additional classes are listed on our website. A postcard confirming enrollment will be sent upon receipt of registration followed by a detailed letter approximately 2 weeks before class. There is a parent/student meeting the first hour of each class.

All payments (except online) must be sent to the Nebraska Safety Center Office (address on back). We accept MasterCard, Visa, personal checks or money orders. If you pay by check or money order, please make payment to "Nebraska Safety Center at UNK." Payment plans require a $15 deposit at the time of registration and payment in full prior to the end of class. Class results will not be reported to the DMV without full payment. Failure to pay by the end of class may result in your account being sent to collection.

Classes require a minimum enrollment of 8 students and are limited to a maximum of 24 students. Each student is required by the Nebraska DMV to have a valid permit in order to enroll in this course. If the driver education student is under 18 years of age, passing the course results in a waiver of the written and drive tests at the Nebraska DMV’s Driver Examination Office. If the student is 18, or older, he/she will receive a certificate, but is required to take the written and drive tests at the DMV office.

This course conforms to the rules and regulations of the DMV and exceeds the criteria established for insurance discounts. Nebraska DMV regulations require that, "Students must attend all course presentations and pass all examinations." Therefore, any missed portion of the course, for any reason, must be made up prior to the issuance of a waiver. Make up sessions may include additional fees.

Each student is required by the Nebraska DMV to have a valid permit in order to enroll in this course.

Each student is provided 5 hours of behind-the-wheel driving time. Students requiring more hours of driving time will be charge $50 per hour. If a student schedules a time to drive and is not present for the lesson, that lesson will be rescheduled and the $50 additional fee will be assessed.

If a student requires accommodations due to a documented disability, please contact the Nebraska Safety Center prior to the beginning of the course. Special arrangements can be made to accommodate these needs.

**Parent/Guardian Signature**

**Date** / /

**Note**: Students are required by the Nebraska Department of Motor Vehicles to have a valid permit in order to take this course.

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**Name**: ______________________

**Address**: ____________________________________________

**City**:  ____________________     **State**:  _____  **ZIP**:  __________

**Permit Type**:  ____________________________     **Permit Number**:  __________________________

**Gender**: _____________

**High School Attending**:  ______________________________________________________________________________________