## Fall Program - 2025

Monday, September 29, 2025 - Friday, January 23, 2026

**DIRECTOR:** Mr. Robert Besignano

**LOCATION:** Monsignor Farrell High School

2900 Amboy Road

Staten Island, NY, 10306

**TELEPHONE:** (718)-987-2900 Ext. 1219

**EMAIL:** rbesignano@msgrfarrellhs.org

**ELIGIBILITY:** MUST be 16 years of age by September 29, 2025

**TUITION:** \$600.00 PAID **IN FULL** (Check made payable to: **Monsignor Farrell High School**)

**REGISTRATION:** FARRELL STUDENTS: Deliver payment of \$600.00 to Mr. Besignano during school

between Monday, September 8, 2025 and Friday, September 26, 2025.

**DROP OFF** 

**REGISTRATION:** NON-FARRELL STUDENTS: Deliver application and check for \$600.00 to the Main

Office at Monsignor Farrell High School between Monday, September 8, 2025 and Friday,

September 26, 2025. Monday - Friday, 8:30 am - 3:00 pm

**CLASSES BEGIN:** Monday, September 29, 2025. Drivers meet in front of the gym in the main parking lot.

Lecture classes meet in Room 119.

**CLASSES END:** Friday, January 23, 2026.

\*Please provide a copy of your permit with your driver education application. Students may begin class without a permit. Thank you!

Classes Begin: Monday, September 29, 2025	Monday, September 29, 2025				
Classes End: Friday, January 23, 2026	Friday, January 23, 2026				
•	<ul><li>16 Driving Classes &amp; 16 Lecture Classes.</li><li>1 driving class and 1 lecture class per week.</li></ul>				
<b>Driving Classes Meet (Farrell students):</b> Monday through Friday mornings. 6:45 am - 8:15 am					
Driving Classes Meet (Non-Farrell and Monday through Friday afternoons. 2:45 pm or 4:15 pm					
Four Students Per-Car					
Please list the full name of your driving partner(s):					
First	Last				
	Last				
Tusi	Lusi				
First	Last				
Lecture Classes Meet:  Mornings: (Monsignor Farrell students at 1975) Tuesday or Wednesday at 6:45 am	only)				
Afternoons:					
Tuesday - 2:45 pm <u>or</u> 4:15 pm Wednesday - 2:45 pm <u>or</u> 4:15 pm	Wednesday - 2:45 pm <u>or</u> 4:15 pm				
Thursday - 3:00 pm					
List Your Requested Day and Time:					
First Choice Second Choice Third Choice					
Driving Day/Time Driving Day/Time Driving Day/Time					

Lecture Day/Time

Lecture Day/Time

Lecture Day/Time



## Fall Program - 2025

## Application & Consent Form (must be returned with payment) Please Print

dent's Full Legal Name:				Date
Last Name		First Name	Middl	le Name
Lust Ivanie	тизі ічине		munt mant	
ident's Home Address:				
			/	/
City	State Zip Code		Date of Birth	
ontact Information:				
Student's Home Phone Number	Student's Cell Phone Number		Student's Email Address	
Parent/Guardian Email Address	Parent/Guardian Signature			
Parent/Guardian Cell Phone	Permit Number		Date of Perm	it Issuance
For Me	onsignor Far	rell Office Use On	ly	
Drive	Check Number			
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