

Registration Form

Course Check the course requested		Pre-Licensing Course Classroom - 6 hours BTW - 8 hours		38 Hour Driver Education Classroom - 30 hours BTW - 8 hours		Behind The Wheel Only BTW - 8 hours	Date of Enrollment
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Name of Student	Date of Birth	AGE
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Home Address	City	State	ZIP Code
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Name of School Minor Student is Attending – Student must be in at a minimum in the 8th grade	Grade Level
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Student Signature	Name of Parent/Legal Guardian
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Documents Verifying Identify of Student & Parent/Guardian (of a minor student)

CONTACT PHONE NUMBERS		
Student Cell	Parent's Cell	Home

MEDICAL QUESTIONS	YES	NO
1. Does the student have any medical conditions that would pose a concern with the student's behind-the-wheel instruction (epilepsy, asthma, color blindness, hearing loss, etc.)?	Yes	No
2. Does the student have any mental or physical impairment which could affect his/her ability to drive a motor vehicle safely?	Yes	No
3. Has the student experienced unconsciousness other than normal sleep?	Yes	No
4. Is the student's visual acuity at least 20/40 corrected?	Yes	No
5. Does the student require any special accommodations to participate in this course (i.e., oral tests, interpreter, seating arrangements, adaptive equipment)?	Yes	No

"YES" answers to # 1, 2 or 3 – student shall obtain a Medical Examination Form (R0404) approval prior to Behind The Wheel instruction.

STUDENT'S DRIVING EXPERIENCE													
Describe locations where you have driving experience. Check the appropriate box(es)													
	None		Subdivision		Parking Lots		Rural Roads		In town		Highway		Interstate

PARENTAL CONSENT FOR DRIVER EDUCATION
I do hereby certify that I am the: ___ Legal Custodial Father ___ Legal Custodial Mother ___ Legal Guardian of the minor applying and this is my authorization to the above named Driving School to administer the driver education course indicated above. I hereby declare with proof by documents presented that he/she was born the _____ day of _____, 19_____. I also declare by signature below, that information furnished by my minor and me is complete and correct.

Signature of person authorized to sign in accordance with R.S. 32:407 Only the domiciliary parent may sign if joint custody has been awarded.

Parent/Guardian Signature	Parent/Guardian Printed Name
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Witnessed by Driving School Employee – print name & sign name	Date
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OFFICE USE ONLY		
	Fees Received:	Course Cost
Classroom Course Dates:		Deposit
		Payment
		Balance