

# Brother Martin High School

## Driver's Education Course Session 5

### 30 Hour Classroom-June 4 through June 8, 2018

### In Room 200, Main Building

**Class Start Times– 8:00 a.m. to 2:30 p.m.**  
(½ hour lunch break - Buy lunch at Brother Martin or bring your own lunch)

Driving is scheduled after the completion of the Classroom portion.  
Driving order is based upon Classroom grade/performance. (highest grade first on driving schedule, etc.) Note: The 8 Hour Behind the Wheel Driving class will be between June and September.

Day/Date/Time TBA

**Brother Martin is NOT a Third Party Testing Facility; therefore,  
your son will have to be tested at the DMV prior to getting his driving permit**

## Cost–\$420.00

Checks Payable to : Brother Martin High School

Your payment reserves your spot in class—enrollment is limited to the first 40 students.

Questions?? Email Mr. Gatti at [jgatti@brothermartin.com](mailto:jgatti@brothermartin.com)



Return bottom portion of this form along with the attached registration form.

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**Parent Meeting will be held on Wednesday, May 30,  
in Room 200 (Located on 2nd floor of Main Building) at 6:30 p.m.**

**At least 1 parent/legal guardian is required to attend.**

Student Name: \_\_\_\_\_ Student Cell # \_\_\_\_\_

Student Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Legal Custodial Parent(s) Cell # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Payment: \_\_\_\_\_ Cash \_\_\_\_\_ Check (Number- \_\_\_\_\_)

Mail to: Brother Martin High School, 4401 Elysian Fields Ave., NOLA 70122

Attn: Student Services

## Registration Form

<b>Course</b> 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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<b>Name of Student</b>	<b>Date of Birth</b>	<b>AGE</b>
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Home Address	City	State	ZIP Code
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High School Attending – Student must be in at a minimum in the 8th grade	Grade Level
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<b>Student Signature</b>
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Parent/Guardian's Name	Parent's/Guardian's Driver License/ID Card #
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<b>Documents Verifying Identify of Student &amp; Parent/Guardian (if applicable)</b>
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### CONTACT PHONE NUMBERS

Home Phone	Parent's Cell	Student Cell
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### 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
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### 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 \_\_\_\_\_, 20\_\_\_\_\_. 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.

<b>Parent/Guardian Signature</b>	<b>Parent/Guardian Printed Name</b>
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<b>Witnessed by Driving School Employee – print name &amp; sign name</b>	<b>Date</b>
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### OFFICE USE ONLY

<b>Classroom Course Dates:</b>	<b>Fees Received:</b>		
	Classroom Fee		Deposit
	Behind the Wheel Fee		Payment
	Total Course Fees		Balance