



# Brother Martin High School



## Driver's Education Course Session 9

**30 Hour Classroom-Dec. 26, through Dec. 31, 2019, in Health Room(Ridgely Center)**

**Class Times—Thur., Dec. 26th 8:00 a.m. to 3:00 p.m.**

**Fri., Dec. 27th 8:00 a.m. to 3:00 p.m.**

**Sat., Dec. 28th 8:00 a.m. to 3:00 p.m.**

**Mon., Dec. 30th 8:00 a.m. to 3:00 p.m.**

**Tues., Dec. 31th 8:00 a.m. to 12:00 p.m.**

**\*\* (First 4 days will have a 1/2 hr lunchtime (not included in the 30 hr course)- No lunch provided. Bring your own!!!**

8 Hour Behind the Wheel Driving is scheduled after the completion of the classroom portion.

Driving order is based upon classroom grades with higher grades driving first.

Note: The 8 Hour Behind the Wheel Driving class will be between January-March 2020.

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 learner's permit. You will need to schedule an appointment (NOT at the DMV) to take the driving test after completion of 50 hours of driving/6 months).**

**Cost—\$430.00**

Checks Payable to: Brother Martin High School. Your payment reserves your spot in class-  
enrollment is limited to the first 30 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.

**Mandatory Parent Meeting (1 parent/legal guardian required) will be held on Wed., Dec. 18, 2019, from 5:30 - 6:30 p.m. in the Health Room located in Ridgely Center).**

Student First/Mid./Last name: \_\_\_\_\_ Student Cell # (\_\_\_\_) \_\_\_\_-\_\_\_\_

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

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

Payment: \_\_\_\_\_ Cash \_\_\_\_\_ Check (# \_\_\_\_\_)

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

Attn: Student Services

# Louisiana Department of Public Safety and Corrections

OFFICE OF MOTOR VEHICLES

## DRIVER EDUCATION REGISTRATION AND COURSE FORM

DRIVING SCHOOL INFORMATION													
Name of Driving School													
Driving School Location													
COURSE INFORMATION- check the course requested													
	<b>Pre-Licensing Course</b> Classroom - 6 hours BTW - 8 hours		<b>Driver Education</b> Classroom - 30 hours BTW - 8 hours		<b>Behind The Wheel Only</b> BTW - 8 hours	<b>Date of Enrollment</b>							
STUDENT INFORMATION													
Name of Student (PRINT First/Middle/Last)						TIP #		TIP Issue Date					
Home Address				City		State	ZIP Code						
Date Of Birth		AGE	Grade	High School Attending (Must be in at a minimum in the 8 <sup>th</sup> grade)									
CONTACT PHONE NUMBERS													
Home Phone			Parent's Cell			Student Cell							
STUDENT'S DRIVING EXPERIENCE													
Describe locations where you have driving experience. Check all that apply													
<input type="checkbox"/>	None	<input type="checkbox"/>	Subdivision	<input type="checkbox"/>	Parking Lots	<input type="checkbox"/>	Rural Roads	<input type="checkbox"/>	In town	<input type="checkbox"/>	Highway	<input type="checkbox"/>	Interstate
PARENTAL/GUARDIAN CONSENT- TO BE COMPLETED IF STUDENT IS A MINOR													
<p><b>I do hereby certify that I am the: ___ Legal Domiciliary Father ___ Legal Domiciliary 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.</b></p>													
Signature of Domiciliary Parent/Guardian				Domiciliary Parent/Guardian Driver License/ID #				Date					
Documents Verifying Identify of Student & Parent/Guardian (if applicable)													
Witness by Driving School Employee (PRINT/SIGN Name)								Date					
OFFICE USE ONLY													
<b>Classroom Course Dates:</b>				<b>Fees Received:</b>									
				Classroom Fee			Deposit						
				Behind the Wheel Fee			Payment						
Total Course Fees				Balance									