

## Registration Form

|   |  |  |  |   |  |  |                    |
|---|--|--|--|---|--|--|--------------------|
| <b>Course</b><br>Check the course requested |  | Pre-Licensing Course<br>Classroom - 6 hours<br>BTW - 8 hours |  | 38 Hour Driver Education<br>Classroom - 30 hours<br>BTW - 8 hours |  | Behind The Wheel Only<br>BTW - 8 hours | Date of Enrollment |
|---|--|--|--|---|--|--|--------------------|

|                        |               |     |
|------------------------|---------------|-----|
| <b>Name of Student</b> | Date of Birth | AGE |
|------------------------|---------------|-----|

|              |      |       |          |
|--------------|------|-------|----------|
| Home Address | City | State | ZIP Code |
|--------------|------|-------|----------|

|  |             |
|--|-------------|
| High School Attending – Student must be in at a minimum in the 8th grade | Grade Level |
|--|-------------|

|                          |
|--------------------------|
| <b>Student Signature</b> |
|--------------------------|

|                        |  |
|------------------------|--|
| Parent/Guardian's Name | Parent's/Guardian's Driver License/ID Card # |
|------------------------|--|

|  |
|--|
| <b>Documents Verifying Identify of Student &amp; Parent/Guardian (if applicable)</b> |
|--|

### CONTACT PHONE NUMBERS

|            |               |              |
|------------|---------------|--------------|
| Home Phone | Parent's Cell | Student Cell |
|------------|---------------|--------------|

### 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 \_\_\_\_\_, 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> |
|----------------------------------|-------------------------------------|

|  |             |
|--|-------------|
| <b>Witnessed by Driving School Employee – print name &amp; sign name</b> | <b>Date</b> |
|--|-------------|

### OFFICE USE ONLY

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