



Registration Form

Course Check the course requested	14 Hour Driver Education 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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High School Attending – Student must be in at a minimum in the 8th grade	Grade Level
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Parent/Guardian's Name	Parent's/Guardian's Driver License/ID Card #	Parent's Email Address
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Documents Verifying Identify of Student & Parent/Guardian (if applicable)

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 lease 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 (IF MINOR)

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.

Parent/Guardian/Student Signature	Parent/Guardian/Student Printed Name
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Witnessed by Driving School Employee – print name & sign name	Date
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OFFICE USE ONLY

Course Dates:	Fees Received:	Course Fee	
		Deposit Required	
		Payment	
		Balance	

Submit to: 1009 Talbot Avenue, Thibodaux, LA 70301