

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													
Pre-Licensing Course Classroom - 6 hours BTW - 8 hours	Driver Education Classroom - 30 hours BTW - 8 hours	Behind The Wheel Only BTW - 8 hours	Date of Enrollment										
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 th 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>I do hereby certify that I am the Legal Parent/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 also declare by my signature below that the information I provided is complete and accurate.</p>													
Signature of Legal Parent/Guardian						Date							
OFFICE USE ONLY													
Classroom Course Dates:				Fees Received:									
				Classroom Fee			Deposit						
				Behind the Wheel Fee			Payment						
				Total Course Fees			Balance						