

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									
None	Subdivision	Parking Lots	Rural Roads	In town	Highway	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		