

Louisiana Department of Public Safety and Corrections

OFFICE OF MOTOR VEHICLES

DRIVER EDUCATION REGISTRATION AND COURSE FORM

DRIVING SCHOOL INFORMATION													
Name of Driving School R & C DRIVING SCHOOL													
Driving School Location 955 A HWY. 401, NAPOLEONVILLE, LA 70390													
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)					Gender: M or F				
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: <input type="checkbox"/> Legal Domiciliary Father <input type="checkbox"/> Legal Domiciliary Mother <input type="checkbox"/> 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.</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													
Classroom Course Dates:					Fees Received:								
					Classroom Fee			Deposit					
					Behind the Wheel Fee			Payment					
Total Course Fees					Balance								