R&C DRIVING SCHOOL, LLC Email: cathyhern@charter.net

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| **Registration Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Course**  Check the course requested | | | |  | Pre-Licensing Course  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 | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Student** | | | | | | | | | | | | | | | | | | | | | **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** | | | | | | | | |
| **Student Signature** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent/Guardian’s Name** | | | | | | | | | | | | | | | | | Parent’s/Guardian’s Driver License/ID Card # | | | | | | | | | | | | | | | | |
| **Documents Verifying Identify of Student & Parent/Guardian (if applicable)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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.  **Parent/Guardian Signature Parent/Guardian Printed Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Witnessed** by Driving School Employee **– print name & sign name Date** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OFFICE USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Classroom Course Dates:** | | | | | | | | | **Fees Received:** | | | | | | | | | | | | | | | | | | | | | | | | |
| Classroom Fee | | | | | |  | | | | | | | | Deposit | | | | | | | |  | | |
| Behind the Wheel Fee | | | | | |  | | | | | | | | Payment | | | | | | | |  | | |
| Total Course Fees | | | | | |  | | | | | | | | Balance | | | | | | | |  | | |