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

955 HWY. 401 (985) 369-8700

NAPOLEONVILLE, LA 70390 (985) 513-1563

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| **Registration Form** |
| **Course**Check the course requested |   | Pre-Licensing CourseClassroom - 6 hoursBTW - 8 hours |  | 38 Hour Driver EducationClassroom - 30 hoursBTW - 8 hours |   | Behind The Wheel OnlyBTW - 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 |  |