

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 8th 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

I do hereby certify that I am the: ___ Legal Domiciliary Father ___ Legal Domiciliary 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 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