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	