

# 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 8<sup>th</sup> 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 Parent/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 also declare by my signature below that the information I provided is complete and accurate.

Signature of Legal Parent/Guardian

Date

### OFFICE USE ONLY

**Classroom Course Dates:**

**Fees Received:**

Classroom Fee

Deposit

Behind the Wheel Fee

Payment

Total Course Fees

Balance