

# Louisiana Department of Public Safety and Corrections

OFFICE OF MOTOR VEHICLES

## DRIVER EDUCATION REGISTRATION AND COURSE FORM

DRIVING SCHOOL INFORMATION													
Name of Driving School <b>LIVINGSTON DRIVING ACADEMY #1041</b>													
Driving School Location <b>34674 LA HWY 16 DENHAM SPRINGS LA 70706</b>													
COURSE INFORMATION- check the course requested													
	<b>Pre-Licensing Course</b> Classroom - 6 hours BTW - 8 hours		<b>Driver Education</b> Classroom - 30 hours BTW - 8 hours		<b>Behind The Wheel Only</b> BTW - 8 hours		<b>Date of Enrollment</b>						
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													
<input type="checkbox"/>	None	<input type="checkbox"/>	Subdivision	<input type="checkbox"/>	Parking Lots	<input type="checkbox"/>	Rural Roads	<input type="checkbox"/>	In town	<input type="checkbox"/>	Highway	<input type="checkbox"/>	Interstate
PARENTAL/GUARDIAN CONSENT- TO BE COMPLETED IF STUDENT IS A MINOR													
<p><b>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.</b></p>													
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													
<b>Classroom Course Dates:</b>				<b>Fees Received:</b>									
				Classroom Fee		Deposit							
				Behind the Wheel Fee		Payment							
Total Course Fees				Balance									