

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 Class
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STUDENT INFORMATION

Name of Student (PRINT First/Middle/Last)	TIP #	TIP Issue Date
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Home Address	City	State	ZIP Code
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Date Of Birth	AGE	Grade	High School Attending (Must be in at a minimum in the 8 th grade)
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CONTACT PHONE NUMBERS

Home Phone	Parent's Cell	Student Cell
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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
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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.

EMAIL ADDRESS: _____

Signature of Legal Parent/Guardian	Date	
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OFFICE USE ONLY

Classroom Course Dates:	Fees Received:												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Classroom Fee</td> <td style="width: 20%;"></td> <td style="width: 20%;">Deposit</td> <td style="width: 20%;"></td> </tr> <tr> <td>Behind the Wheel Fee</td> <td></td> <td>Payment</td> <td></td> </tr> <tr> <td>Total Course Fees</td> <td></td> <td>Balance</td> <td></td> </tr> </table>	Classroom Fee		Deposit		Behind the Wheel Fee		Payment		Total Course Fees		Balance	
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