HEAD START DRIVING #1019 318-245-2262

## Classroom Date: \_\_\_\_\_

14 Hour Class Registration Form															
Course Check the course requested		Pre-Licensing Classroom - 6 l BTW - 8 hours		38 Hour Drive Education Classroom - 30 BTW - 8 hours			Behi		he Wheel Only ours		Date of Enrollment				
Name of Student						Date of Birth				AGE					
Home Address						City	City			State		ZIP Code		5	
Documents Verifying Identify of Student & Parent/Guardian (if applicable)															
Documents verifying identity of student & Parent/Guardian (if applicable)															
CONTACT PHONE NUMBERS															
Home Phone			Parent's		onnaci				Student	Cell					
					CAL QUE									YES	NO
1. Does the student have any medical conditions that would pose a concern with the student's behind-the-wheel instruction (epilepsy, asthma, color blindness, hearing loss, etc.)?													Yes	No	
		-		irment	which co	uld affect his/	her ab	ility to dr	ive a mot	or vehi	icle safe	ely?		Yes	No
<ol> <li>Does the student have any mental or physical impairment which could affect his/her ability to drive a motor vehicle safely?</li> <li>Has the student experienced unconsciousness other than normal sleep?</li> </ol>													Yes	No	
4. Is the student's vi	,													Yes	No
5. Does the student require any special accommodations to participate in this course (i.e., oral tests, interpreter, seating												Yes	No		
arrangements, adaptive equipment)? "YES" answers to # 1, 2 or 3 – student shall obtain a Medical Examination Form (R0404) approval prior to Behind The Wheel instru											instruct	ion			
STUDENT'S DRIVING EXPERIENCE															
Describe locations where you have driving experience. Check the appropriate box(es)															
None										Inters	terstate				
BY SIGNING THIS CONTRACT/REGISTRATION YOU ATTEST TO THE BELOW:															
All the information you provided is true and accurate.															
You are 1	18 years	old or olde	er												
The Cost	of this c	lass is \$32	5.00 + \$40	0.00 f	for the F	Road Skills 1	est=	\$365.00	) Total (	Cost					
You have	e 60 Days	s from the	date of e	nrolln	nent to	successfull	/ com	plete th	ne classi	oom	instru	ctio	n, drivi	ing por	tion,
<ul> <li>You have 60 Days from the date of enrollment to successfully complete the classroom instruction, driving portion, and all payments due. If not completed (or arrangements made) in 60 Days any payment received will not be refunded.</li> </ul>															
<ul> <li>refunded.</li> <li>It is your responsibility to schedule driving times with your instructor and pay your remaining balance.</li> </ul>															
-	-	•			-	•						-			
• Appointments <b>MUST be canceled 24 Hours prior to driving time scheduled.</b> If you are a "NO SHOW" for your															
appointment you will be charged an extra \$50.00 fee. <b>You MUST be ON TIME for your appointments</b> . (The															
	instructor will not wait more than 15 minutes before you are considered a "NO SHOW".														
<ul> <li>Upon Completion of this 14 Hour Class, you will be given a sealed envelope with your CERTIFICATE OF COMPLETION and DMV Documents. You MUST NOT OPEN this sealed envelope. If the seal if broken before taken</li> </ul>															akan
						ed NULL & \			-						
to retake		ee the dot	uments a	areco	JISIUEIE			anu you	WIII IIdv	le to i	return	101	ne Dri	vilig Sc	1001
		NOT Guara	ntee vou	a Dri	iver's Li	<b>cense</b> . You	must	nass th	e State '	Mritte	en Tes	t an	d Road	1 Skills	Test
			-			the DMV to		•		••••••		it an	anout		1050
		ge NOT a R					10000	, your in							
STUDENT SIGNAT	TURE								DA	TE					
DRIVING SCHOOI	L EMPLO		DATE												