

HEAD START DRIVING, LLC #1019 318-245-6566

Classroom Course Dates: _____

38 Hour Class Registration Form									
Course Check the course requested	<input type="checkbox"/> Pre-Licensing Course Classroom - 6 hours BTW - 8 hours	X	<input checked="" type="checkbox"/> 38 Hour Driver Education Classroom - 30 hours BTW - 8 hours	<input type="checkbox"/> Behind The Wheel Only BTW - 8 hours		Date of Enrollment			
Name of Student						Date of Birth		AGE	
Home Address				City		State	ZIP Code		
High School Attending – Student must be in at a minimum in the 8th grade						Grade Level			
Parent/Guardian's Name				Parent's/Guardian's Driver License/ID Card #					
Documents Verifying Identify of Student & Parent/Guardian (if applicable)									
CONTACT PHONE NUMBERS									
Home Phone			Parent's Cell			Student Cell			
MEDICAL QUESTIONS								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
2. Does the student have any mental or physical impairment which could affect his/her ability to drive a motor vehicle safely?								Yes	No
3. Has the student experienced unconsciousness other than normal sleep?								Yes	No
4. Is the student's visual acuity at least 20/40 corrected?								Yes	No
5. Does the student require any special accommodations to participate in this course (i.e., oral tests, interpreter, seating arrangements, adaptive equipment)?								Yes	No
"YES" answers to # 1, 2 or 3 – student shall obtain a Medical Examination Form (R0404) approval prior to Behind The Wheel instruction.									
STUDENT'S DRIVING EXPERIENCE									
Describe locations where you have driving experience. Check the appropriate box(es)									
<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 CONSENT FOR DRIVER EDUCATION									
I do hereby certify that I am the: ___ Legal Custodial Father ___ Legal Custodial 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/correct and they I have read and understand the Parent Information & Course Guide.									
Signature of person authorized to sign in accordance with R.S. 32:407 Only the domiciliary parent may sign if joint custody has been awarded.									
Parent/Guardian Signature					Parent/Guardian Printed Name				
Witnessed by Driving School Employee – print name & sign name								Date	
Please circle how you heard about our Driving School:									
Internet DMV List School Newspaper Signs Radio Movie Theater Friend/Family Facebook Twitter Instagram Magazine Other _____									
**If your student chooses to participate in a group picture/classroom snap shots may we share them on social media? (Facebook/Instagram/Twitter) _____ YES _____ NO									