

DRIVER EDUCATION APPLICATION FORM
LIVINGSTON DRIVING ACADEMY
34674 HWY 16 N DENHAM SPRINGS LA 70706
667-1509

FIRST MIDDLE LAST NAME

SCHOOL

STREET ADDRESS (NO P. O. BOX)

HOME PHONE

CELL PHONE

CITY, STATE AND ZIP CODE

DATE OF BIRTH

CLASS DATE YOUR ARE REQUESTING

EMAIL ADDRESS

PARENTS NAME

PLACE OF EMPLOYMENT

WORK PHONE

EMERGENCY CONTACT NAME AND PHONE #

MY CHILD HAS MY PERMISSION TO ATTEND THE 30 HOUR CLASS AND TO PARTICIPATE IN THE 8 HOUR DRIVING SESSION UNDER THE SUPERVISION OF THE CERTIFIED INSTRUCTOR.

STUDENTS ARE EXPECTED TO BEHAVE IN A CLASSROOM MANNER WITH COURTESY AND RESPECT TO THE INSTRUCTOR AND OTHER STUDENTS. USE OF CELL PHONES AND I-PODS ARE NOT ALLOWED DURING CLASS.

PARENTS SIGNATURE

FOR OFFICE USE ONLY

| DATE | CHECK NO | AMOUNT |
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