Louisiana Department of Public Safety and Corrections

OFFICE OF MOTOR VEHICLES

DRIVER EDUCATION REGISTRATION AND COURSE FORM

DRIVING SCHOOL INFORMATION																		
Name of Driving School LIVINGSTON DRIVING ACADEMY																		
Driving School Location 34674 LA HWY 16 DENHAM SPRINGS LA 70706																		
						C	OUI	RSE INFO	RMA	ATION- check t	the c	course r	eques	ted				
	Pre-Licensing Course Classroom - 6 hours BTW - 8 hours				S	Classroo			r Education m - 30 hours TW - 8 hours			Behind The Wheel Only BTW - 8 hours				Date of Enrollment		
								ST	ΓUDE	ENT INFORMA	TIC	ON						
Name of Student (PRINT First/Middle/Last) TIP #															TIP			P Issue Date
Home Address							City				State			e ZIP Code				
Date Of Birth AGE Grade								High School Attending (Must be in at a minimum in the 8 th grade) EMAIL:										
CONTACT PHONE NUMBERS																		
Home	Phone	e					Par	ent's Cell				Student Cell						
STUDENT'S DRIVING EXPERIENCE Describe locations where you have driving experience. Check all that apply																		
	None Sub			bdivisio	division		Parl	king Lots		Rural Roads		In town		Highway		ay		Interstate
			P	ARENT	ΓAL	./GUA	RDI	IAN CONS	ENT	- TO BE COMI	PLE	TED II	F STU	DENT	Γ IS A	MINO	OR	
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.																		
Signat	ure of	Lega	al Pare	ent/Guar	diar	n			Date									
OFFICE USE ONLY																		
Class	roon	n Co	ourse	Dates	S:			Fees I									-	
									Classroom Fee							eposit		
									Behind the Wheel Fee							ymen	_	
								Total	Total Course Fees				0		Balance			