

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 Enrollment							
STUDENT INFORMATION													
Name of Student (PRINT First/Middle/Last)						TIP #		TIP Issue Date					
Home Address				City		State	ZIP Code						
Date Of Birth		AGE	Grade	High School Attending (Must be in at a minimum in the 8 th grade)									
CONTACT PHONE NUMBERS													
Home Phone			Parent's Cell			Student Cell							
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
PARENTAL/GUARDIAN CONSENT- TO BE COMPLETED IF STUDENT IS A MINOR													
<p>I do hereby certify that I am the: ___ Legal Domiciliary Father ___ Legal Domiciliary 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 and correct.</p>													
Signature of Domiciliary Parent/Guardian				Domiciliary Parent/Guardian Driver License/ID #				Date					
Documents Verifying Identify of Student & Parent/Guardian (if applicable)													
Witness by Driving School Employee (PRINT/SIGN Name)								Date					
OFFICE USE ONLY													
Classroom Course Dates:				Fees Received:									
				Classroom Fee				Deposit					
				Behind the Wheel Fee				Payment					
				Total Course Fees				Balance					

**DRIVER EDUCATION REGISTRATION AND COURSE FORM
BEHIND THE WHEEL INSTRUCTION**

Student Name	Student TIP #
Driving School Name	

Classroom / OMV Knowledge Test Grades

Classroom Grade: _____ (average of quizzes & Knowledge Test)	OMV Knowledge Test Grade: _____ (place grade on Certificate of Completion as the Classroom grade)
--	---

The above listed applicant has successfully completed the Classroom Course of Driver Education with the noted scores.

Classroom Instructor	Date
----------------------	------

Behind The Wheel Instruction - Must be a minimum of 8 hours of driving time. RIDING TIME DOES NOT COUNT.

Date	Beginning Time	Ending Time	VIN # (Last 6)	Beginning Odometer	Ending Odometer	Instructor Initials	Student Initials	Road Type			
								R	C	H	I
								R	C	H	I
								R	C	H	I
								R	C	H	I
								R	C	H	I
								R	C	H	I
								R	C	H	I
								R	C	H	I
								R	C	H	I
								R	C	H	I

The above listed applicant has successfully completed the Behind The Wheel Course of Driver Education with the noted score.

Signature of Behind The Wheel Instructor	Date
--	------

I, the undersigned, attest to the fact that the above named student has successfully completed the curriculum of a 38 hour driving course as defined in R.S. 32:402.1 & R.S. 32:407. Falsification of any information contained in this certificate will be considered perjury and injury to official public documents.

Signature of School Owner	Date
---------------------------	------

DPSMV2410 (R0818)

Road Type = R - Rural C - City H - Highway I - Interstate

**DRIVER EDUCATION REGISTRATION AND COURSE FORM
8 HOUR BEHIND THE WHEEL ASSESSMENT**

Student Name		Student TIP #	BTW Grade
Instructor Name	Instructor #	Instructor Signature	Date

Attention

Fair (2)

- Does not pay attention
- Attempts to distract examiner

Bad (4)

- Does not follow instructions
- Looks away from road
- Scores 2 or more under Fair

Starting/Backing Out

Fair (1)

- Jerky start
- Races engine
- Backs too fast
- Puts car in drive

Bad (2)

- Hand brake not released
- Does not check traffic
- Spins wheels when starting
- 2 or more attempts to back
- Scores 2 or more under Fair

Traffic Signal

Fair (4)

- Stops too close to vehicle
 - Stops abruptly
 - Brakes hard on yellow light
 - Does not start promptly
 - Stops past stop line
- Bad (6)**
- Stops too far back
 - Starts before light changes
 - Speeds up at yellow light
 - Stops at green light
 - Does not check traffic
 - Scores 2 or more under Fair

Time

Fair (2)

- Drives too slow
- Drives too fast

Following

Bad (4)

- Tailgates-3 second rule

Left Turns (2)

SIGNALS

Fair (2)

- Signal given too close
- Signal not given
- Signal given too far away

Bad (4)

- Improper signal given
- No signal given
- Scores 2 or more under Fair

VEHICLE SPEED

Fair (1)

- Brakes unnecessarily
- Turns too fast/too slow

Bad (2)

LANE USAGE

Bad (4)

- Crowds other vehicle(s)
- Makes wide turn
- Makes short turn

Intersection (Stop)

Fair (4)

- Stops too close to vehicle
 - Stops abruptly
 - Does not start promptly
 - Stops past stop line
- Bad (6)**
- Stops too far back
 - Brakes hard on yellow light
 - Stops at green light
 - Scores 2 or more under Fair

Lane Usage

Fair (3)

- Too slow for left lane
- Does not keep vehicle in lane

Bad (4)

- Changes lanes unnecessarily
- Straddles lanes
- Does not keep vehicle centered
- Scores 2 or more under Fair

Right Turns (2)

SIGNALS

Fair (2)

- Signal given too close
- Signal not given
- Signal given too far away

Bad (4)

- Improper signal given
- No signal given
- Scores 2 or more under Fair

VEHICLE SPEED

Fair (1)

- Brakes unnecessarily
- Turns too fast/too slow

Bad (2)

LANE USAGE

Bad (4)

- Crowds other vehicle(s)
- Makes wide turn
- Makes short turn

Straight in Parking

Fair (3)

- 2 attempts to park
- Not centered in space
- Hits curve with bumper/tires

Bad (5)

- 3 attempts to park
- Vehicle not fully in space
- Backs without turning head
- Does not properly park
- Scores 2 or more under Fair

Stop Sign

Fair (4)

- Stops past stop line
- Stops too close to vehicle

Bad (6)

- Brakes hard
- Does not check traffic
- Scores 2 or more under Fair

Lane Change

Fair (3)

- Does not check traffic
- Does not check blind spots
- Does not blend smoothly
- Does not cancel signal

Bad (5)

- Does not leave a safe gap
- Does not signal
- Brakes unnecessarily
- Scores 2 or more under Fair

Automatic Failures	
	Accident
	Run Stop Sign
	Speeding over 5 MPH
	Runs Red Light
	Dangerous action/incident
	Does not follow instructions

Maneuvers are underlined.

*****Every section must be graded*****

Score each maneuver with a or **X**

A check () mark indicates that this section was completed correctly with 0 points off.

Place an **X** were an error was made. A Fair or Bad score shall be deducted.

The **BAD number** is the most that can be deducted for each maneuver.

Comments: _____