

# 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													
	<b>Pre-Licensing Course</b> Classroom - 6 hours BTW - 8 hours		<b>Driver Education</b> Classroom - 30 hours BTW - 8 hours		<b>Behind The Wheel Only</b> BTW - 8 hours	<b>Date of Enrollment</b>							
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 <sup>th</sup> 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><b>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.</b></p>													
Signature of Domiciliary Parent/Guardian				Domiciliary Parent/Guardian Driver License/ID #			Date						
Documents Verifying Identify of Student & Parent/Guardian (if applicable) ___(State) Birth Certificate ___TIP ___State ID ___Parent License ___Custody Doc Other:_____													
Witness by Driving School Employee (PRINT/SIGN Name)								Date					
OFFICE USE ONLY													
<b>Classroom Course Dates:</b>				<b>Fees Received:</b>									
				Classroom Fee		Deposit							
				Behind the Wheel Fee		Payment							
				Total Course Fees		Balance							

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

<b>Student Name</b>	<b>Student TIP #</b>
<b>Driving School Name</b>	

**Classroom / OMV Knowledge Test Grades**

<b>Classroom Grade:</b> _____ (average of quizzes & Knowledge Test)	<b>OMV Knowledge Test Grade:</b> _____ (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

\_\_\_MirrorStg \_\_\_4Way \_\_\_PriPrk \_\_\_Park \_\_\_LnChg \_\_\_Merge \_\_\_DrvThr \_\_\_Schl \_\_\_Lft@Lt \_\_\_TrnLn

Notes:

**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: \_\_\_\_\_