

**Archbishop Rummel High School
Driver Education
Summer Course – 2017-2018**

	<u>Date</u>	<u>Time</u>	<u>Place</u>
Class # 1	Monday, June 4	7 AM-3 PM	Cafeteria
Class # 2	Tuesday, June 5	7 AM-3 PM	Cafeteria
Class #3	Wednesday, June 6	7 AM-2 PM	Cafeteria
Class #4	Thursday, June 7	7 AM-2 PM	Cafeteria

The driving portion of the course will be scheduled during the classroom phase of the course.

Classroom Instructor: Troy Holley

**Driving Instructors: Troy Holley
Doug Neill
Graham Jarrott**

**DRIVER EDUCATION
ARCHBISHOP RUMMEL HIGH SCHOOL
SUMMER SESSION – 2017/2018**

- REGISTRATION:** You may register by one of the following methods:
- 1.) Fill in the registration form and turn it in at the reception desk during the school day.
 - 2.) Fill in the registration form and mail it to Archbishop Rummel High School in care of Troy B. Holley.
 - 3.) Attend the first day of class on June 4, 2018. If the class has not been filled, you may register at this time.
 - 4.) You may register anytime after March 26, 2018.
 - 5.) All registration forms must be turned in with a check payable to Archbishop Rummel High School.
 - 6.) The class will be limited to the first 40 students who have registered.
 - 7.) The student must be 15 years of age on or before June 4, 2018.

CLASSROOM: The classroom phase consists of 30 hours of classroom instruction. The 30 hours will be covered during 8 classroom days. Students are to bring pen, pencil, and paper to all class sessions. The exam will be given on the last day of class.

*** STUDENTS ARE NOT ALLOWED TO LEAVE CAMPUS WHILE
THIS COURSE IS IN SESSION.**

STREET DRIVING: The street driving phase consists of eight hours of street driving for each student.

COST: **\$415.00 – Make check payable to Archbishop Rummel High School**

REGISTER: Please send in the registration form with your check.



ARCHBISHOP RUMMEL HIGH SCHOOL

A Catholic College Preparatory School for Boys

1901 Severn Avenue • Metairie, LA • 70001

Phone • 504-834-5592 • www.rummelraiders.com

Touching Hearts • Teaching Minds • Cultivating Leaders

Registration Form

Course Check the course requested		Pre-Licensing Course Classroom - 6 hours BTW - 8 hours	X	38 Hour Driver Education Classroom - 30 hours BTW - 8 hours	Behind The Wheel Only BTW - 8 hours	Date of Enrollment 6/5/2018
---	--	--	---	---	--	--

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
---	--------------------

Student Signature

Parent/Guardian's Name	Parent's/Guardian's Driver License/ID Card #
-------------------------------	---

Documents Verifying Identify of Student & Parent/Guardian (if applicable)

Birth Certificate, Social Security Card

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)

None	Subdivision	Parking Lots	Rural Roads	In town	Highway	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 and correct.

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
--	-------------

OFFICE USE ONLY

Classroom Course Dates:	Fees Received:												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Classroom Fee</td> <td style="width: 33%;"></td> <td style="width: 34%;">Deposit</td> <td style="width: 34%;"></td> </tr> <tr> <td>Behind the Wheel Fee</td> <td></td> <td>Payment</td> <td></td> </tr> <tr> <td>Total Course Fees</td> <td></td> <td>Balance</td> <td></td> </tr> </table>	Classroom Fee		Deposit		Behind the Wheel Fee		Payment		Total Course Fees		Balance	
Classroom Fee		Deposit											
Behind the Wheel Fee		Payment											
Total Course Fees		Balance											