



Driver Education Registration Form

Course Name: BDI TCAC ADI Reason: Self Elected Court Ordered Points HTO Insurance

NTSI Seal #: _____ Student ID#: _____ Certificate #: _____ Date Enrolled: _____

Name: _____ DOB: _____ M F _____
First Middle Last Mo./Day/Yr. Sex Race

Address: _____ Phone: _____ SS#: _____

_____ FLDL #: _____ Citation #: _____
City State Zip Code

Name and telephone number of person to be contacted in case of an emergency. Special Accommodations Needed

PLEASE NOTE: IF YOU HAVE TAKEN BASIC DRIVER IMPROVEMENT (BDI) WITHIN THE LAST 12 MONTHS, OR IF YOU HAVE TAKEN BDI 5 TIMES IN YOUR LIFETIME, YOU MAY NOT BE ABLE TO USE THIS COURSE TOWARD DRIVER LICENSE POINTS OR A TRAFFIC CITATION.

I UNDERSTAND AND AGREE TO ABIDE BY THE PROGRAM RULES STATED BELOW:

1. I understand that I must be present and attentive for the complete course (4 hr. for BDI/TCAC or 12 hr. for ADI) in order to successfully complete and receive a completion certificate.
2. I understand that I will be expelled from the class if it appears that I have been drinking alcoholic beverages or using drugs or if my behavior is disruptive or inappropriate. Appropriate dress is required. Smoking is not permitted.
3. **ALL FEES PAID ARE NONREFUNDABLE.**
4. If I fail to appear, if I arrive after the roll is taken or if I am expelled from class, I must re-enroll for the class during registration hours, at which time I will pay the full enrollment fee. If I need to reschedule my class, and wish to avoid repaying the enrollment fee then I must do so in person 24 hours prior to the time I am scheduled for class.
5. I agree to submit to a breath test to determine the presence of alcohol if requested.

I am scheduled for class #: _____ to be held at: Lakeview Center, Inc. Driver Education, 6425 N Pensacola, Blvd. Bldg 2

BDI or TCAC (4hrs) Saturday, Date: _____ Time: _____ AM/PM to _____ AM/PM.

ADI (12hrs) Friday, Date: _____ Time: _____ AM/PM to _____ AM/PM. &

Saturday, Date: _____ Time: _____ AM/PM to _____ AM/PM.

By my signature I acknowledge (1) the information provided by me is true and correct; (2) and that the stated rules have been explained to me and (3) that I received a copy of the schedule and the rules of completion.

Student's Signature

Witnessed By Registrar

Original - File
Yellow - Student

Receipt #: _____

Amount Received: _____