



# Loudoun County Public Schools

## Department of Instruction

21000 Education Court  
 Ashburn, Virginia 20148  
 Telephone: 571-252-1430  
 FAX: 571-252-1633

Office Use Only:  
 Date of Payment: \_\_\_\_\_  
 Check # \_\_\_\_\_

### BEHIND-THE-WHEEL REGISTRATION FORM

**PLEASE TYPE OR PRINT**

**For registration, you will need to bring the following to your high school's guidance office:**

- A valid Virginia Instruction (Learner's) Permit must be shown each day of in-car class.
- Check for prepayment in the amount of \$225.00 for the Behind-the-Wheel class. Please make the check payable to the high school.

### STUDENT INFORMATION

HIGH SCHOOL	LEARNER'S PERMIT NUMBER	PERMIT ISSUE DATE	DATE STUDENT HOLDS PERMIT FOR 9 MONTHS

FULL NAME LAST <u>REQUIRED</u>	FIRST	MIDDLE	GRADE LEVEL	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH
PARENT/GUARDIAN FULL NAME			HOME ADDRESS		
HOME PHONE	EMAIL		CITY	STATE	ZIP
CELL PHONE	TIME AVAILABLE – PLEASE CHECK ONE <input type="checkbox"/> BEFORE SCHOOL <input type="checkbox"/> AFTER SCHOOL <input type="checkbox"/> BOTH				

### PERMISSION FOR EMERGENCY CARE – PARENT SIGNATURE REQUIRED

Emergency Contact Name _____	Phone _____
Health Insurance Company _____	Policy# _____
Name of Physician _____	Phone _____
Allergic to Medication (Specify) _____	
Is the pupil under physician's care for health needs on a continuing basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the pupil under medication or treatment on a continuing basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the pupil required to carry an epi pen?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>The School has my permission in an emergency, when my physician or I cannot be contacted, to take my child to the Emergency room of the nearest hospital. The hospital and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child. Each student should have his/her own medical insurance. I also give my son/daughter permission to take Behind-the-Wheel driver education through Loudoun County Public Schools.</p>	
Date: _____	Signature of Parent/Guardian _____

### ELIGIBILITY

<p>A. Are you currently enrolled in classroom Driver Education?    <input type="checkbox"/> Yes    <input type="checkbox"/> No          If yes, please give start date: _____ and current grade: _____.</p> <p>B. If you have "passed" the Driver Education classroom course, please give the school's name where the course was completed: _____ . Date course completed _____ Final Grade _____.</p> <p>C. Number of hours completed in 45 hour log _____</p>
---