



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 FIRST MIDDLE REQUIRED	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 _____ BEFORE SCHOOL _____ AFTER SCHOOL _____ 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

A. Are you currently enrolled in classroom Driver Education? _____ Yes _____ No
If yes, please give start date: _____ and current grade: _____.
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 _____.
C. Number of hours completed in 45 hour log _____