BISHOP DWENGER HIGH SCHOOL'S
DRIVER EDUCATION INFORMATION, SPRING 2017

HOW TO REGISTER

1. Student must be at least 15 years of age on or before March 13th in order to register for the Driver's Education at Bishop Dwenger.

2. Please complete the application, the emergency consent form, and include a check or money order for $350 made payable to Bishop Dwenger High School. Students **not** attending Bishop Dwenger ***must*** include a copy of their birth certificate ***(the birth certificate obtained from the state's Dept of Vital Statistics, NOT the hospital keepsake version).***
   Note: Any returned check will be assessed a $20.00 returned check fee.

3. Mail your registrations to:
   Bishop Dwenger High School
   Attention: Driver's Education
   1300 E. Washington Center Road
   Fort Wayne, IN 46825.

*****The $350 fee includes the road test (for those who qualify), which is required by the state of Indiana to get your driver's license; this will remove the need to take the road test at the license bureau. The testing will be done in the driver education cars near the end of the session. The state of Indiana requires that any student taking the road test at the high school must have attained a "B-" or better in both the book work and driving portion of this class. A drive test could be given during a later session of driver's education if the student and parents choose to wait.**

Students are placed in the class on a first-come first-serve basis. We will attempt to meet your first choice, but a maximum of 30 students will be maintained.

Available choices:

___	**March 13 – 24**	**(M-F)**	4:00 pm – 7:00 pm
___	**March 13 – 24**	**(M-F)**	5:30 pm – 8:30 pm

* Driving will start the week of April 3, and continue until all students have completed their six hours of drive time. Drive times will be arranged during the classroom sessions.

Registration deadline is March 6th.

HOW DO I KNOW THAT I AM REGISTERED

Once your registration is processed, a confirmation letter stating course assignment time, a CDE form, and a list of necessary documents will be mailed to you or distributed through student mail (if you are a Bishop Dwenger Student). ***Your confirmation and CDE Form will be sent prior to the start of the class, no sooner than three weeks prior to the start of the class (per state law)***. You will need to take the CDE form with you to the BMV to obtain a driver's education permit. The laws change frequently and it may be to your advantage to call the License Bureau before you go to get the permit so you know exactly what you need to bring for your student. The BMV at Pine Valley is very busy, thus you may want to consider going to the New Haven, Waynedale, Auburn, or Columbia City BMV. The written test must now be taken to obtain the driver's education permit. **No one may drive without a permit**! However, students may participate in the book work portion without their permit.

ATTENDANCE REQUIREMENTS

Attendance to both the classroom phase and the driving phase is mandatory. The only exceptions would be for a funeral or serious illness. A doctor's note may be required for verification of the illness. State law requires 30 hours of bookwork and six hours of driving, with no exceptions. Any missed classes must be made up.

Questions: Call Joanne Scully at 496-4707 or email at jscully@bishopdwenger.com.

BISHOP DWENGER'S DRIVER'S EDUCATION ENROLLMENT FORM

Spring Session 2017

Parent or guardian should complete this form and enclose in an envelope addressed to:

Bishop Dwenger High School
Attention: Driver's Education
1300 E. Washington Center Road
Fort Wayne, IN 46825.

*include a check for $350 payable to Bishop Dwenger High School
*include a copy of the birth certificate if you attend any school other than Bishop Dwenger High School

Registration deadline is March 6th.

_____

Please Print

Student's Name: _____School attending: _____
First Middle Initial Last

Street Address: _____

City: _____ State: _____ Zip Code: _____

Current Age: _____ Date of Birth: _____

Parent/Guardian Name(s) _____

Phone# Home: _____ Cell Mom: _____ Cell Dad: _____

(*Circle the number that will be the easiest to reach you while your student is in this course*)

Emergency Contact Person (other than parent):

_____

Relationship to student: _____ Phone #:_____

Comments: _____

_____

CLASSROOM INSTRUCTION PHASE

We fill classes on a first-come first-served basis. Indicate first and second choice:

___ **March 13 – 24 (M-F)** 4:00 pm – 7:00 pm
___ **March 13 – 24 (M-F)** 5:30 pm – 8:30 pm

***Driving times will be arranged the first week of the classroom phase.

_____

For office use: Registration #_____

Check#_____

Birth Certificate _____

EMERGENCY MEDICAL CONSENT FORM

***Note:** Parents must sign either Part I (Consent…) or Part II (Refuse…) prior to the commencement of each school year for each child enrolled in a Diocesan School. Parents are responsible for updating the information should changes occur before or during enrollment.

Part I: Consent to Emergency Medical Care

Name of child: _____ School: _____Grade: _____
In the event of an emergency, I request that the school make reasonable attempts to contact me at

_____ (phone number) or _____ (other parent/adult) at

_____ (phone number).

I understand that in an emergency, exigent circumstances may prevent the school from contacting me immediately, or the school may not be able to reach me. I therefore consent to the school taking action which it deems necessary to secure emergency medical care/treatment for my child even if I have not been contacted.

I understand that decisions concerning the type of emergency medical care or treatment administered are made by health care providers and not by the school and that exigent circumstances may require the administration of emergency medical care or treatment without my consent. However, I have indicated below any treatment preferences I have for my child which the school may disclose to the healthcare provider. (Parents/Guardians may check and complete any of the following):

___ Dr. _____ is my preferred physician and Dr. _____ is my preferred dentist.

___ _____ is my preferred hospital.

___ Receipt of my consent prior to my child receiving major surgery unless the medical options of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

___ Other:

The school may disclose the following checked information to the healthcare provider:

___ Insurance information: Insurance Company Name _____

Policy/Group/Claim #_____ _____

___ The following information regarding allergies my child has, medication my child is taking, and other medical facts about my child:

I understand that in the event of an emergency, the school will make reasonable efforts to notify a healthcare provider of the above checked information, but I acknowledge that I am responsible for communicating such information to the appropriate medical personnel.

Date _____ Signature_____
Parent/Guardian

Part II: Refuse to Consent to Emergency Medical Care

Name of child: _____ School: _____Grade: _____

In the event of an emergency, I request that the school make reasonable attempts to contact me at
_____ (phone number) or _____ (other parent/adult) at
_____ (phone number).

I understand that decisions concerning the administration of emergency care or treatment are made by healthcare providers and not the school. I do NOT want emergency medical treatment or care administered to my child. In the event of an emergency, I authorize the school to inform any healthcare providers of my wishes. While I understand that the school will make reasonable efforts to contact me and/or notify a healthcare provider of my wishes prior to the administration of any emergency medical care or treatment, I understand that exigent circumstances may prevent this. I also understand that I, not the school, am responsible for communicating my wishes to the appropriate medical personnel.
Date _____ Signature_____
Parent/Guardian