

# **BISHOP DWENGER HIGH SCHOOL'S ONLINE DRIVER EDUCATION INFORMATION.**

## **HOW TO REGISTER**

1. Student must be at least 15 years of age in order to register for the Online Driver's Education at Bishop Dwenger.
2. Please complete the application, the emergency consent form, and include a check or money order for \$375 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**).
3. Mail your registrations to:  
Bishop Dwenger High School  
Attention: Driver's Education  
1300 E. Washington Center Road  
Fort Wayne, IN 46825.

**Note:** Any returned check will be assessed a \$25.00 returned check fee.

**\*\*\*The \$375 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.**

\* Driving instruction only occurs when the Driver's Education Classroom Instruction is in session and will continue until all students during that session have completed their six hours of drive time. Drive times will be arranged during the classroom sessions - it is your responsibility to contact Mrs. Pierson at 496-4700, ext. 0 to obtain the drive time calendar sheet.

## **HOW DO I KNOW THAT I AM REGISTERED**

Once your registration is processed, an email will be sent to you regarding the online course and instructions on how to get started. A CDE form (the form needed to obtain a Learner's Permit), and a list of necessary documents will be mailed to you. You will need to take the CDE form with you to the BMV to obtain a driver's education permit. The laws have changed recently 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. **You will need to bring the student's actual social security card to the BMV.** The written test must be taken to obtain the driver's education permit. **No one may drive without a permit!**

Questions: Call Shannon Pierson at 496-4700, ext. 0 or email at [spierson@bishopdwenger.com](mailto:spierson@bishopdwenger.com).

**\*\*\*Some insurance companies are now giving discounts to those who have taken a Driver's Education Course - you will need to make a copy of your course completion sheet that is given to the student after the final drive test is taken.**



# BISHOP DWENGER DRIVER'S EDUCATION **ONLINE** ENROLLMENT FORM

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 \$375 payable to Bishop Dwenger High School

\*include a copy of the birth certificate if you attend any school **other than** Bishop Dwenger

Student's Name: \_\_\_\_\_ School attending: \_\_\_\_\_  
First Middle Initial Last

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email (required): \_\_\_\_\_

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: \_\_\_\_\_

**Note: It will be your responsibility to contact Mrs. Pierson at Bishop Dwenger (496-4700) to arrange the driving instruction times. Driving instruction ONLY occurs when a current driver's education classroom instruction is happening. These typically happen, but are not exclusive to: September, October, April, June and July.**

**For office use:** Registration # \_\_\_\_\_  
Payment \_\_\_\_\_  
Amt. Paid: \_\_\_\_\_  
Birth Certificate \_\_\_\_\_  
Email Sent \_\_\_\_\_

## 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