

# BISHOP DWENGER HIGH SCHOOL'S DRIVER EDUCATION INFORMATION, SPRING 2023

## HOW TO REGISTER

1. Student must be at least 15 years of age on or before March 13<sup>th</sup>, 2023 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 \$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.

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:**

___	<b>March 13 – March 24</b>	<b>(Monday – Friday)</b>	4:00 pm – 7:00 pm
___	<b>March 13 – March 24</b>	<b>(Monday - Friday)</b>	5:00 pm – 8:00 pm

\* Driving will start the week of April 3rd 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 10th.**

## HOW DO I KNOW THAT I AM REGISTERED

Once your registration is processed, a confirmation letter stating course assignment time, a Certification of Driver's Education (CDE) form, and a list of necessary documents will be mailed to you. **Your confirmation and CDE Form will be sent prior to the start of the class.** 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 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. Any missed classes must be made up.

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'S DRIVER'S EDUCATION ENROLLMENT FORM

Spring Session 2023

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 High School

**Registration deadline is March 10th**

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

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

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

Current Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do you have Social Security Card? \_\_\_\_ yes \_\_\_\_ no\*\*

**\*\*If no SSN card you must begin process immediately.**

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 (1<sup>ST</sup>) and second (2<sup>ND</sup>) choice:**

\_\_\_\_ **March 13 – March 24** (Monday – Friday) 4:00 pm – 7:00 pm

\_\_\_\_ **March 13 – March 24** (Monday - Friday) 5:00 pm – 8:00 pm

\*\*\*Driving times will be arranged during the classroom phase.

**For office use ONLY:** Registration # \_\_\_\_\_

Check# \_\_\_\_\_

Amt. Paid: \_\_\_\_\_

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