

BISHOP DWENGER HIGH SCHOOL'S DRIVER EDUCATION INFORMATION, SPRING 2026

HOW TO REGISTER

1. Student must be at least 15 years of age on or before March 9th, 2026 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 \$395 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 \$30.00 returned check fee.

*****The \$395 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 9 – March 20	(Monday – Friday)	4:00 pm – 7:00 pm
___	March 9 – March 20	(Monday - Friday)	5:00 pm – 8:00 pm

* Driving instruction will begin the week of March 30th 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 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 or email at 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 2026

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 \$395 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

Student's Name: _____ School attending: _____
First Middle Name 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# Mom: _____ Cell Dad: _____ Cell Student: _____

(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 (1ST) and second (2ND) choice:**

____ **March 9 – March 20** (Monday – Friday) 4:00 pm – 7:00 pm

____ **March 9 – March 20** (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