

Lakeview Center



BAPTIST HEALTH CARE

Lakeview Center, Inc. Driver Education
6425 N Pensacola Blvd. Bldg 2
Pensacola, FL 32505-1701
Ph: (850) 494-5656
Fax: (850) 494-5664

Drug Alcohol Traffic Education Registration Form

Date Enrolled: _____

DHSMV CODE: 27 Seal #: _____ Student ID#: _____ Certificate #: _____

Name: _____ DOB: _____ M F _____
First Middle Last Mo./Day/Yr. Sex Race

Address: _____ Phone: _____ SS#: _____

_____ Special Accommodation: _____
City State Zip Code

Name and telephone number of person to be contacted in case of an emergency.

PLEASE NOTE: THESE CLASSES MAY BE TAKEN AT THE LOCAL HIGH SCHOOL AS WELL AS HERE AT THE LAKEVIEW CENTER, INC DRIVER EDUCATION.

I UNDERSTAND AND AGREE TO ABIDE BY THE PROGRAM RULES STATED BELOW:

1. The Rules of Completion of the D.A.T.E. Program require that I must score at least 80% on the final examination (16 of 20 questions) and attend the complete 4-hour course in order to receive a completion certificate.
2. I understand that I will be expelled from the class if it appears that I have been drinking alcoholic beverages or using drugs or if my behavior is disruptive or inappropriate. Appropriate dress is required. Smoking is not permitted.
3. **ALL FEES PAID ARE NONREFUNDABLE.**
4. If I fail to appear, if I arrive after the roll is taken or if I am expelled from class, I must re-enroll for D.A.T.E. during registration hours, at which time I will pay the full enrollment fee. If I need to reschedule my class, and wish to avoid repaying the enrollment fee then I must do so in person 24 hours prior to the time I am scheduled for class.
5. I agree to submit to a breath test if requested.

I am scheduled for class #: _____ to be held at: Lakeview Center, Inc. Driver Education, 6425 N Pensacola Blvd, Bldg 2 on

Monday Tuesday Wednesday Thursday Friday Saturday, _____ 8:00 AM to 12:00 PM
Date of Class Time of Class

By my signature I acknowledge (1) the information provided by me is true and correct; (2) and that the stated rules have been explained to me and (3) that I received a copy of the schedule and the rules of completion.

Student's Signature

Original - File
Yellow - Student

Witnessed By Registrar

Receipt #: _____

Amount Received: _____