

DRIVER EDUCATION

REGISTRATION BEGINS:

Monday, May 20th

BRING THE FOLLOWING WHEN YOU REGISTER:

NOTE: Students must register at offering center (on-line or telephone registration is **not available**)

1. *Completed Packet*, which includes the following forms:
 - a. **Registration Form**
 - b. **Acknowledgment of Risks** (Waiver)
 - c. **Parent/Student Questionnaire**
 - d. **Information Disclosure Authorization** – this form gives parents/guardians authorization to talk with the classroom instructor, driving instructor or office staff regarding the students' progress. It must be completed, **by the student**, otherwise we cannot acknowledge a student is in the class.
2. *The student's driving permit* (both the original and a photocopy)
3. *Personal auto insurance carrier card*, with policy number and expiration date
4. *Registration Fee*
 - a. Age 15-17 with driver permit (**Eligible for DMV Waiver**).....\$265*
 - b. Age 15-17 with driver license (**Not eligible for DMV Waiver**).....\$445
 - c. Age 18 or over upon completion of the course (**Not eligible for DMV Waiver**).....\$445

*Fee assistance is available to qualifying students age 15-17

PARENT ORIENTATION:

Parent/guardian is required to attend the entire first class meeting (3 hours). Please come prepared with your calendars to schedule the students' behind-the-wheel appointments with the instructors.

BEHIND-THE-WHEEL SCHEDULE:

Every attempt is made to complete the behind-the-wheel portion within 3 weeks of ending classroom date. Students with limited availability or those who may require additional practice time, in order to be successful, may take up to two months after the last classroom date.

PARENT/STUDENT HANDBOOK

All parents/guardians and students are required to read the Driver Education Handbook for complete program expectations. The handbook is located on the LBCC website: www.linnbenton.edu/driver-education

DROPPED CLASS REFUNDS:

You must drop the class 72 hours before the class starts to receive a refund.

REQUEST FOR SPECIAL NEEDS OR ACCOMMODATIONS:

Direct questions about or requests for special needs or accommodations to the LBCC Disability Coordinator, RCH-105, 6500 Pacific Blvd. SW, Albany, Oregon 97321. Phone 541-917-4789 or via Oregon Telecommunications Relay TTD at 1-800-735-2900 or 1-800-735-1232. Make sign language interpreting or real-time transcribing requests 2-4 weeks in advance. Make all other requests at least 72 hours prior to the event. LBCC is an equal opportunity educator and employer.

LBCC prohibits unlawful discrimination based on race, color, religion, ethnicity, use of native language, national origin, sex, sexual orientation, gender, gender identity, marital status, disability, veteran status, age, or any other status protected under applicable federal, state, or local laws.

LBCC REGISTRATION REQUEST FORM

SUMMER FALL WINTER SPRING

DATE _____

Providing your social security number is voluntary. If you provide it, the college will use your Social Security number for keeping records, doing research, aggregate reporting, extending credit and collecting debts. Your Social Security number will not be given to the general public. If you choose not to provide your Social Security number, you will not be denied any rights as a student. Please read the statement with the registration information in your class schedule which describes how your number will be used. Providing your Social Security number means that you consent to use of the number in the manner described. See ADMINISTRATIVE RULE NO: 7040-03 for more information.

ID #

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BIRTH DATE

MO	DAY	YEAR	MALE	FEMALE						

PLEASE PRINT

NAME _____
LAST FIRST MIDDLE MAIDEN NAME OR PREVIOUS NAME USED

(REQUIRED) Have you lived in Oregon or a border state for the 90 days prior to the start of the term? YES NO

Are you a U.S. Citizen or Resident Alien? YES NO (OPTIONAL) If no, indicate type of visa: _____

HOME ADDRESS (not P.O. box or dorm)

NUMBER AND STREET CITY STATE ZIP

COUNTY PHONE (HOME) PHONE (WORK) EMAIL

LBCC is required by the Federal Government to ask the following:

What is your race? Mark one or more.

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Are you a Veteran?

- Yes No

What is your ethnicity?

- Hispanic or Latino
- Non-Hispanic or Latino

Students requiring accommodations contact Center for Accessibility at 917-4789 or cfar@linnbenton.edu

CRN #	TITLE	DAY							LOC
		M	T	W	R	F	S	SU	
	DRIVER EDUCATION								

Student Consumer Information: The college complies with the Student-Right-to-Know Campus Security Act of 1990. The Annual Campus Safety Report is available from the Campus Security Office, (541) 917-4440, and the Dean of Student Services Office, (541) 917-4806. Retention and graduation statistics are available through the First-Stop Entry Center in Takena Hall, (541) 917-4812. These reports and other pertinent information are available at <http://linnbenton.edu/righttoknow>.

LBCC releases "directory information" regarding students, including address and telephone listing, enrollment status (full or part time), major field of study, participation in officially recognized activities and sports, weight and height of athletes, dates of attendance, school or division of enrollment, degrees and awards received. If you **DO NOT WANT DIRECTORY INFORMATION RELEASED**, please complete a **Directory Deletion Form** in the Admissions/Registration Office in Takena Hall or at <http://www.linnbenton.edu/go/forms>

The policy of Linn LBCC prohibits unlawful discrimination based on race, color, religion, ethnicity, use of native language, national origin, sex, sexual orientation, marital status, disability, veteran status, age, or any other status protected under applicable federal, state, or local laws. Students having questions about equal opportunity and nondiscrimination, contact the Dean of Student Services.

LINN-BENTON COMMUNITY COLLEGE INFORMED ACKNOWLEDGMENT OF RISKS AND HAZARDS

If student is under 18 years of age, form MUST BE SIGNED BY STUDENT AND PARENT (OR LEGAL GUARDIAN)

PLEASE READ CAREFULLY BEFORE SIGNING

WARNING

The **Driver Education** course at Linn-Benton Community College involves the actual operation of automobiles by students participating in the course. Participation may involve injury of some type to you, a fellow student or an instructor. Such injury can include direct physical and possibly crippling injury to one's body and the possibility of emotional injury experienced as a result of witnessing or actually accidentally inflicting injury to another. The severity of such injury can range from a minor injury to complete paralysis or even death. Such injury can impair one's general physical/mental health and hinder one's future ability to earn a living or generally enjoy life.

Injuries in a **Driver Education** course commonly might occur to arms, hands, head, neck, chest, torso, legs, feet or other body parts or systems and might include head, neck or body trauma; crushing or severing of limbs; lacerations, abrasions or other trauma or injury. Injuries may result from the correct or incorrect performance of techniques used in class; **from misjudgment in handling the equipment**; from the administration of first aid; from failing to follow training, safety or other rules. This list is non-exhaustive and is provided by way of illustration of risks or injuries that may be incurred. There may be other types of injuries or the risk of injury or death resulting from other causes not specified here.

The purpose of this WARNING is to bring your attention to the existence of potential dangers associated with participation in the course and to help you make a voluntary and informed decision as to whether you (or your child or ward) should participate in this class and, as a condition of such participation, sign this INFORMED ACKNOWLEDGMENT OF RISKS AND HAZARDS. In addition, its purpose is to make you aware that as a student or as a parent/guardian of a student, it is your responsibility to learn about and to inquire of instructors, physicians or other knowledgeable persons about any concerns that you might have at any time regarding student safety and the safety of the college's Driver Education course. You may seek legal counsel before signing this form.

If you decide to participate, by your signature you hereby agree to indemnify and hold harmless Linn-Benton Community College including its officers, employees and agents against any/all claims, damages, demands, liabilities and costs incurred including attorney's fees, which might be made by the undersigned or any third party as a result of damage, injury or death suffered. This agreement shall be binding upon the heirs, successors, and assigns of the undersigned. I understand and acknowledge that signing this agreement severely limits my legal rights, and as such, I have been encouraged above to seek legal counsel before signing.

ACKNOWLEDGMENT OF RISKS AND HAZARDS

STUDENT: By signing this acknowledgment of hazards and risks, I acknowledge that I have read its contents and warning, that I understand its contents and warning, **and that I intend to learn and follow all safety procedures, and that I choose to participate in this class.**

Student's Signature

Printed Name

Date

ACKNOWLEDGMENT OF RISKS AND HAZARDS

PARENT AND/OR LEGAL GUARDIAN (if student is under age 18): I have read the above WARNING and I understand that Driver Education classes involve the RISKS OF INJURY OR DEATH. I also understand that by permitting my child or ward to participate in this class, my child or ward is subject to the possibility of injury or death as outlined in the WARNING above. BY SIGNING THIS Acknowledgment of Risks and Hazards, I acknowledge that I have read and understood its contents and that, after acknowledging the risks, I choose to permit my child/ward to participate in this class at LBCC.

Parent/Guardian's Signature

Date

*Personal Auto Insurance Carrier

Policy Number

Expiration Date



Information Disclosure Authorization

The purpose of this form is to allow the student to grant access to a selected person(s) or entity representative(s) to some, or to all of the student's allowable educational records and information.

Photo ID is required when form is submitted.
Original form only no faxed or photo copies will be accepted.

New _____
Modify _____
Cancel _____

I, _____ (Student Name) X _____ (Student ID Number)
authorize Linn-Benton Community College officials to provide

_____ with the following information.
(Individual/Relationship or Agency/Representative)

If applicable, this form will override the Directory Delete form submitted to Linn-Benton Community College for ONLY the person(s) or entity representative(s) mentioned on this form and for ONLY the Areas selected.

_____ Veterans _____ Class Schedule _____ Transcripts
_____ Grades _____ Financial Aid _____ Billing Information

Other: _____

This consent expires: _____ (mm/dd/yyyy) or a maximum of 2 years from the date signed.
This consent to disclose information may be revoked by me in writing at any time. Disclosure by the above named person or agency of the information designated here is prohibited without authorized consent of the student.

An ACCESS CODE can be used if the student wishes to grant phone access to the person(s) or entity representative(s).

ACCESS CODE

6-10 Characters
At least one letter
At least one number
No special characters (@#%&)

AN ACCESS CODE IS NOT REQUIRED, BUT IF OMITTED, PHONE ACCESS WILL NOT BE ALLOWED.

This code will be used to verify the person(s) or entity representative(s) calling into Linn-Benton Community College for student information. If omitted, the person or entity representative must come into the college, and show ID, in order to receive the information.

(Signature of Student)

(Date Signed)

It is the student's responsibility to submit a completed and correct Information Disclosure form to Linn-Benton Community College to grant access to person(s) or entity representative(s) they wish to have access to their personal information. It is the responsibility of the student to indicate the length of time this form will stay in effect, not to exceed the maximum time limit of the form. It is the responsibility of the student to submit any changes or cancellations to Linn-Benton Community College by completing a new Disclosure Information form. If an ACCESS CODE is used, then it is the responsibility of the student to create the code, distribute the code to the correct person(s) or entity representative(s), and to keep the code secure so that unauthorized person(s) or entity(s) are unable to use the code. Linn-Benton Community College will ONLY disclose the ACCESS CODE to the student, in person, with valid ID.

Linn Benton Community College
Driver Education
Parent & Student Questionnaire/Information Form

For students who will be operating a motor vehicle, it is essential for reasons of health and safety that you disclose any disabilities which may affect you while driving:

Physical Disabilities: (amputated or artificial limbs, low vision or limited peripheral vision, possibilities of low blood sugar, diabetes, migraines, epilepsy or other seizure disorders)

Emotional/Mental Health Disabilities: (depression, bipolar, anxiety disorders or related medications which may affect alertness or coordination)

Learning Disabilities: (perceptual disabilities or others)

Please contact Melissa Richey at 541-917-4849 or richeym@linnbenton.edu, so she can help plan for a safe driving experience.

LBCC encourages all students with disabilities to document with the Center for Accessibility Resources (CFAR) at 541-917-4789. Your disability remains confidential to LBCC staff. CFAR helps you plan for success in all college classes, while you remain in charge of which classes you ask for accommodations.

Keep top section



Student Name: _____ Parent/Guardian Name: _____

Student Phone Number: _____ Parent/Guardian Number: _____

Student Email: _____ Parent/Guardian Email: _____

Is the student using a manual shifting vehicle? YES NO

Approximately, how many hours of practice has the student had driving a vehicle? _____

How did you hear about Driver Education at Linn Benton Community College:

Ad/Flyer/Poster

Friend took the class

Schedule of classes (mail)

Other: _____

Comments: _____

I agree to read the “**Parent and Student Handbook**” before attending the parent meeting:

Student Signature

Parent/Guardian Signature