



Segment 1 Registration Form

(Complete and return by second day of class.)

PRINT

Student Full Name: _____
Last First Middle

Address: _____ City: _____

Zip Code: _____ Home Phone: _____

Birth date: _____ **Verified by BIRTH CERTIFICATE**

Students must be at least 14 years and 8 months by the first day of class

Parents/Guardian Name: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

- Does the student require any special accommodations to participate in the classroom phase? (i.e., test being read to him/her, an interpreter, seating arrangements, etc.)? **Yes** ___ **No** ___
If yes, please explain: _____
- Does the student require any special accommodations to participate in the behind the wheel phase (i.e., adaptive devices, an interpreter, etc.)? **Yes** ___ **No** ___
If yes, please explain: _____
- Is the student taking any medications that may affect his/ability to drive a motor vehicle safely?
Yes ___ **No** ___ If yes, please describe: _____
- Are there any medical conditions that would pose a concern with the student's behind the wheel instruction (epilepsy, asthma, color blindness, hearing loss)?
Yes ___ **No** ___ If yes, please explain: _____
- Is the student's visual acuity at least 20/40? **Yes** ___ **No** ___
- In the last six months, has the student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness?
Yes ___ **No** ___
- In the last six months, has the student has a physical or mental condition which affected his/her ability to drive a motor vehicle safely? **Yes** ___ **No** ___

If the answer to question 5 is no, or either of questions 6 or 7 is yes, then the parent/guardian must provide a letter signed by the student's physician indicating that the condition has been corrected and/or is under control, and the student meets the physical and mental requirements for a motor vehicle operator's license under Section 309 of the Michigan Vehicle Code, 1949 PA 300, MCL 257.309.

Certification: I certify that the information on this form is true and accurate to the best of my knowledge.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____