

Safe Start Driving Academy LLC

120 N. Michigan Ave. Howell, MI. 48843

Teenage Student Registration - SEGMENT 1

Please Print

Students

Full Legal Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip: _____

Birth date: _____ **VERIFIED BY BIRTH CERTIFICATE**

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

Parent/Guardian Name: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

1) Does the student require any special accommodations to participate in the classroom phase (i.e. test being read to them, an interpreter, etc.)? Yes _____ No _____ If yes, please explain below.

2) 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 below.

3) Is the student taking any medications that may affect their ability to drive a motor vehicle safely?

Yes _____ No _____ If yes, explain _____

4) Are there any medical conditions that would pose a concern with the students behind-the-wheel instruction (epilepsy, asthma, color blindness, hearing loss, etc.)? Yes _____ No _____

Explain: _____

5) Is the student's visual acuity at least 20/40 corrected? Yes _____ No _____

6) In the last 6 months, has the student had a fainting spell, blacked out, seizure or other uncontrollable loss of consciousness? Yes _____ No _____

7) In the last 6 months, has the student had a physical or mental condition which affected their ability to drive a motor vehicle safely? Yes _____ No _____

If the answer to question 5 is no, or either of question 6 or 7 is yes, then the parent/guardian must provide a letter signed by the students 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, 1949PA300, MCL 257.309.

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

PARENTS SIGNATURE: _____ DATE: _____