**Traffic Safety Association of Macomb**
32100 Utica Road Fraser, MI 48026 586-293-5880
www.trafficsafetymacomb.org

# SEGMENT 1 REGISTRATION FORM

**Please Print**

Department of State Certification **#P000649**

STUDENT FULL NAME: _____
Last First Middle

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

BIRTHDATE: _____ ** ***VERIFIED BY BIRTH CERTIFICATE*** **

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

PARENT/LEGAL GUARDIAN'S NAME: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

## ACCOMMODATIONS/MEDICAL CONDITIONS

1. Does the student require any special accommodations to participate in the classroom phase (i.e., test being read to him/her, interpreter, eating arrangements, etc.)? Yes ____ No ____

   If yes, please explain: _____

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: _____

3. Is the student taking any medications that may affect his/her ability to drive a motor vehicle safely? Yes ____ No ____

   If yes, please describe: _____

4. Are there any medical conditions/physical impairments that would pose a concern with the student's behind-the-wheel instruction (i.e., epilepsy, asthma, color blindness, hearing loss, physical impairment)? Yes ____ No ____

   If yes, please explain: _____

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

6. In the last six months, has the student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness? Yes ____ No ____

7. In the last six months, has the student had a physical or mental condition which affected his/her ability to drive a motor vehicle safely? Yes ____ No ____

**If the answer to any of questions 5 – 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 all information contained within this document is true and accurate to the best of my knowledge.*

_____ _____
**PARENT/LEGAL GUARDIAN SIGNATURE** **DATE** **STUDENT SIGNATURE** **DATE**

_____ _____ _____
**PROVIDER NAME** **SIGNATURE OF PROVIDER OWNER** **TITLE**

**NOTICE – This provider is required to be certified by the Secretary of State. If you have any complaint that cannot be settled with the provider, please complete the Driver Education Complaint form found on the Department of State website: www.michigan.gov/teendriver. Completion of driver education does not guarantee qualification for a driver license.**