



**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

\_\_\_\_\_  
TRAFFIC SAFETY ASSOCIATION OF MACOMB  
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/teendrivers](http://www.michigan.gov/teendrivers). Completion of driver education does not guarantee qualification for a driver license.