Name of Provider: Speed Limit Driving School, LLC

SEGMENT 1 REGISTRATION FORM

Please <u>Print</u>

STUDENT FULL NAME:_____
                           Last   First   Middle
ADDRESS:_____ CITY:_____

ZIP CODE:_____   HOME PHONE_____

BIRTHDATE:_____   **<u>VERIFIED BY BIRTH CERTIFICATE</u>**
           Student must be at least 14 years and 8 months by the first scheduled day of class.

PARENT/GUARDIAN'S 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 him/her, an interpreter, seating 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 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: _____

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 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   STUDENT SIGNATURE

_____
DATE