

1 Premium Driving School, Inc.

20111 James Couzens, Detroit, MI 48235

Phone: 313-862-4244

Office Hours: Monday-Saturday 9:00am – 5:00pm

Department of State Certificate: #P000651

SEGMENT 1 REGISTRATION FORM

Please Print

STUDENT FULL NAME: _____
Last First Middle

ADDRESS: _____ CITY: _____

ZIP CODE: _____ PHONE: _____ BIRTHDATE: _____

VERIFIED BY BIRTH CERTIFICATE

Student must be at least 14 years and 8 months by the first 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