SEGMENT 1 REGISTRATION FORM

Please	<u>Print</u>			
STUDI	ENT FULL NAME:			
ADDR	ESS:	Last	First CITY:	Middle
ZIP CC	DDE:	HOME PHONE		
BIRTH			D BY BIRTH CERTIFICATE ths by the first day of class.	
PARE	NT/GUARDIAN'S NAI	ME:	WORK PHONE:	
EMERGENCY CONTACT:			PHONE:	
1.			nodations to participate in the class garrangements, etc.)? Yes No	A
	If Yes, please explain:			
2. Does the student require any special accommodations to participate in the behind-the- adaptive devices, an interpreter, etc.)? Yes No				nd-the-wheel phase (i.e.
	If Yes, please expla	in:		
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? Examples may include but are not limited to 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 month of consciousness?	ns, has the student had a Yes No	fainting spell, blackout, seizure, or	other uncontrolled loss
7.	In the last six month to drive a motor veh		physical or mental condition which No	n affected his/her ability
letter s and the Section	igned by the student's e student meets the ph 1 309 of the Michigan `	physician indicating that ysical and mental require Vehicle Code, 1949 PA 30		nd/or is under control, 's license under
CERT	IFICATION: I certif	y that the information on	this form is true and accurate to the	e best of my knowledge

PARENT SIGNATURE

STUDENT SIGNATURE

<u>July 10, 2023</u> DATE