

**Grosse Pointe Driving School, Inc.**

31300 Elodie Dr.  
Fraser, MI 48026  
Office Hours: M-F By Appointment

32 Lakeshore Dr.  
Grosse Pointe Farms, MI 48236  
School Hours: M-Th 6pm-8pm; Summers 4pm-6pm  
Phone: 586-601-9698

Program Number \_\_\_\_\_

Department of State Certification # P000158

**TEEN SEGMENT 1 REGISTRATION FORM**

**Please Print Clearly**

STUDENT FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Last First Middle  
CITY: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ HOME PHONE \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_

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 Date

\_\_\_\_\_  
STUDENT SIGNATURE Date

Date: \_\_\_\_\_  
Provider Name

*Mark Avolio*  
Signature of Provider/Owner

*President*  
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 instruction does not guarantee qualification for a driver license.