

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 2 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. Completion of driver education instruction does not guarantee qualification for a driver license.