

Maier Driver Education School L.L.C.

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Office Hours: Monday – Friday 9am to 5pm
Department of State Certification # P000115



Segment I Registration Form

Type in your information to complete this form. After filling out, **Save** a copy to your desktop, and **E-mail** to **maierllc@m3isp.com** for our records. Then **Print** a copy for your records, **Sign**, and bring to the first day of class.

First Name:

Last Name:

Middle Name:

Student Address:

City:

State:

Zip Code:

D/O/B

Age - 14 years and 8 months by the first day of class verified by Birth Certificate

Home Phone:

Cell Phone:

E-mail:

Can you receive Text Messaging?

Yes

No

Guardian Name:

Work Phone:

Emergency Contact:

Phone:

1. Are there any special accommodations that the student will require to participate in the classroom phase (test being read to him/her, an interpreter, seating arrangements, etc)?

Yes No

If yes, please explain:

2. Are there any special accommodations that the student will require to participate in the behind-the-wheel phase (adaptive devices, an interpreter, etc)?

Yes No

If yes, please explain:

3. Is the student on any type of medication?

Yes No

If yes, please explain:

4. Is there any medical conditions that would pose a concern with behind-the-wheel instruction (epilepsy, asthma, color blindness, hearing loss, etc)?

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 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 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: (*Leave blank and sign*)

Date:

Student Signature: (*Leave blank and sign*)

Date: