

**MACOMB DRIVING ACADEMY, INC.**  
**35250 Dodge Park Sterling Hghts. MI 48312**  
**586. 446.0881**

**Segment One Registration Form**

**STUDENT FULL NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_

(verified by birth certificate)

**PARENT/GUARDIAN** \_\_\_\_\_ **WORK PHONE/CELL** \_\_\_\_\_

**EMERGENCY CONTACT** \_\_\_\_\_ **PHONE** \_\_\_\_\_

1. Does the student require any special accommodations to participate in the classroom phase (interpreter, seating, etc.?) Yes \_\_\_ No \_\_\_

If yes, explain \_\_\_\_\_

2. Does the student require any special accommodations to participate behind the wheel? (adaptive devices, interpreter, etc) Yes \_\_\_ No \_\_\_

If yes, explain \_\_\_\_\_

3. Is the student taking any medications that may affect his/her ability to drive a motor vehicle safely? Yes \_\_\_ No \_\_\_ If yes, explain \_\_\_\_\_

4. Are there any medical conditions that would pose a concern with the student's behind-the-wheel instruction,?( epilepsy, color blindness, hearing loss, asthma, autism, aspergers

Yes \_\_\_ No \_\_\_ If yes, explain \_\_\_\_\_

5. Is the student's visual acuity at least 20/40 corrected? Yes \_\_\_ No \_\_\_

6. In the last 6 months has the student had a fainting spell, blackout, seizure or other uncontrolled loss of consciousness? Yes \_\_\_ No \_\_\_

7. In the last 6 months has the student a physical or mental condition which affected his or her ability to operate 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 is under control, and the student meets the physical and mental requirement for a motor vehicle operators license under Section 389 of the Michigan Vehicle Code, 1949 PA 300 MCL

**Certification: I certify that the information on this form is true and accurate to the best of my knowledge**

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Student signature

Date \_\_\_\_\_