



Maier Driver Education School, LLC
 6423 Range Line Rd. – Palms, MI 48465
 810.376.4876 * 810.404.5876
 Department of State Certification #P000115
 Office Hours: Monday-Friday 10am-5pm
Segment 1 Registration Form

Office Use Only:	
Program Number:	_____
Birth Certificate Checked:	_____
Day 1 Payment Amount:	_____
School/Room:	_____
Pink Slip Returned:	_____

Student's Last Name First Name Middle Name

Student's Address City State Zip

Date of Birth Age (Student must be at least 14 years and 8 months by the first day of class verified by Birth Certificate)

Home Phone Number Cell Phone Number Do you Text? (Yes or No) Email:

Parent/Guardian's Name: _____ Work Phone: _____

Emergency Contact Phone

- | | Yes | No |
|--|--------------------------|--------------------------|
| 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)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please explain: | | |
| 3. Is the student on any type of medication? Please list side effects. | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 4. Is there any medical conditions that would pose a concern with behind-the-wheel instruction (epilepsy, asthma, color blindness, hearing loss, etc)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please explain: | | |
| 5. Is the student's visual acuity at least 20/40 corrected? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. In the last six months, has the student had a fainting spell, blackout, seizure or other loss of consciousness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |

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 Student Signature Date