

DRIVER'S EDUCATION PART 1

2009

Student Name (First/Middle/Last): _____ Birth Date: _____

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____ Email Address: _____

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 explain: _____
4. Are there any medical conditions that would pose a concern with the student's behind-the-wheel instruction (i.e., 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 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

Student Signature

Registration begins online May 4th and by phone, mail, fax, or walk-in on May 6th.

Select One	ID Number	Dates	Times	High School	Fee	Parent Meeting
	7001-SU09JUN	June 15, 2009 – July 2, 2009 M - Th	8:00 – 10:00 am	C227	\$245*	June 15, 2009, 6:30 PM High School Media Center
	7001-SU09JUL	July 13, 2009 – July 31, 2009 M - Th	8:00 – 10:00 am	C227	\$245*	July 13, 2009, 6:30 PM High School Media Center

****New fee***

Price, dates, and times are subject to change.

Return to **Saline Community Education**, 200 North Ann Arbor Street, Saline, MI 48176

Method of Payment: Cash _____ Check _____ Visa _____ MC _____

Credit Card #: _____

Expiration Date: _____ Fee: \$245

Name on Card: _____

Please make checks payable to: **Saline Area Schools.**

You are now enrolled unless otherwise notified!

Register by phone using a credit card at 429-8020.

Register by fax using a credit card at 429-8025.

Signature: _____