

DRIVER'S EDUCATION PART 1

2010

MUST BE 14 YEARS AND 8 MONTHS OLD BEFORE THE FIRST DAY OF CLASS

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 for January is currently open.
Register for April online beginning January 4th and by phone,
mail, fax or walk-in on January 6th.***

Select One	ID Number	Dates	Times	High School	Fee	Parent Meeting
	7001-W10JANAM	January 11 – March 2 AM M - F	6:50 – 7:40 am	C227	\$245	January 12, 2010 6:30 PM High School Media Center
	7001-W10JANPM	January 11 – March 2 PM M - F	2:45 – 4:00 pm	C227	\$245	January 12, 2010, 6:30 PM High School Media Center
	7001-W10APAM	April 12 – May 26 AM M - F	6:50 – 7:40 am	C227	\$245	April 14, 2010 6:30 PM High School Room C222
	7001-W10APPM	April 12 – May 26 PM M - F	2:45 – 4:00 pm	C227	\$245	April 14, 2010, 6:30 PM High School Room C222

Price, dates, and times are subject to change.

\$5.00 fee for replacement Certificates of Completion

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

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

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

Credit Card #: _____

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

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

Expiration Date: _____ Fee: \$245

Name on Card: _____ Signature: _____