

# Top Notch Driving Academy, LLC

## Segment 1 Registration Form

Top Notch Driving Academy, LLC • 501 Union Street • Eaton Rapids, MI 48827 • 517-663-7146



Please Print

Student Full Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ VERIFIED BY BIRTH CERTIFICATE (1<sup>st</sup> Class Night)

Student must be at least 14 years 8 months by the first day of class.

Parent/Guardian's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Class Dates:

2018:  Jan 8-25,  Feb 5-22,  Mar 5-22,  April 9-26,  May 7-24,  June 4-21

July 9-26,  July 30 – Aug 16,  Sept 4-20,  Oct 1-18,  Oct 29 - Nov 15,

Dec 3-20,  No Preference 2018

1. Does the student require any special accommodations to participate in the classroom phase (i.e., test read to him/her, an interpreter, seating arrangements, etc.)? Yes \_\_\_ No \_\_\_

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?

If yes, please explain: \_\_\_\_\_

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

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 then 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