

B SAFE DRIVING SCHOOL, LLC

Segment 1 Registration Form

Student Name: _____
Last First Middle

Address: _____ City: _____ Zip Code _____

Home Phone _____ Birth Date: _____ **VERIFIED BY BIRTH CERTIFICATE**
Student must be 14 years and 8 months by 1st day of class

Parent/Guardian Name: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

1. Does the student require any special accommodations to participate in the classroom phase (test being read to him/her)? Yes ___ No ___

If Yes, explain _____

2. Does the student require any special accommodations to participate in the behind-the-wheel phase? 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 ___

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)?

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

Date

B SAFE DRIVING SCHOOL, LLC

BEHIND-THE-WHEEL INSTRUCTION AGREEMENT. Provider and customer must sign one of the following agreements.

Parent Waiver for One Student Drive

Please note: Signing below is voluntary. If this waiver is not signed, your student will not be able to drive if no other student is available to ride along.

I give permission for my teen to receive behind-the-wheel instruction with an instructor from B Safe Driving School, LLC and do not require additional students to be in the car while my son/daughter receives instruction.

Parent/Legal Guardian Signature

Date

Signature of Provider

On-the-road Student Instruction Agreement

This agreement provides that B Safe Driving School, LLC shall have not less than two (2) students in the vehicle used by the student or customer during behind-the-wheel instruction.

Parent/Legal Guardian Signature

Date

Signature of Provider
