

Top Notch Driving Academy, LLC

Segment 1 Registration Form



Top Notch Driving Academy, LLC • 209 S. Main 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 (1st 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:

2010: Oct 4-21, Nov -18, Nov29 - Dec 16

2011: Jan 3-20, Feb 7-24, Mar 7-24, Apr 11-28, May 2-19, June 6-23, July 11-28,
 Aug 1-18, Sept 12-29, Oct 3-20, Oct 31- Nov 17, Nov 28- Dec 15, No Preference

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