

**Alpena Driving School, LLC  
Segment #1 Registration Form**

**STUDENT INFORMATION - Please Print**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Birthdate \_\_\_\_\_ *Verified by Birth Certificate*  
*Student must be at least 14 yrs & 8 months by the 1<sup>st</sup> day of Class.*

**PARENT/GUARDIAN INFORMATION – Please Print**

Parent/Guardian Name \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Emergency Contact (if different) \_\_\_\_\_

1. Does the Student require any special accommodations to participate in the classroom (i.e. an Interpreter, seating arrangements, test read to him/her)? **YES** **NO**  
If yes, please explain \_\_\_\_\_
2. Does the Student require any special accommodations to participate in the behind-the-wheel Instruction (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)? **YES** **NO**  
If Yes, please explain \_\_\_\_\_
5. Is the Student’s visual acuity at least 20/40 corrected?\* **YES** **NO**
6. In the last 6 months has the Student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness?\* **YES** **NO**
7. In the last 6 months, has the Student had a physical or mental condition that may affect his/her ability to drive a motor vehicle safely?\* **YES** **NO**

*\*If the answer to #5 is NO, or either #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 Motor 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

**ALPENA DRIVING SCHOOL, LLC**  
2211 US 23 S. Alpena, MI 49707  
989-340-1004

**STUDENT ATTENDANCE POLICY & CODE OF CONDUCT**

**Regular attendance of 24 classroom hours is mandatory, as required by the State of Michigan.**

- \* A student is to attend each scheduled class and driving appointment.
- \* A student is to be on time for class and driving appointments.
- \* The **Parent or Legal Guardian** must have absences **pre-excused** by the instructor.

**Parents are expected to pick up students on time when class is dismissed or drives are completed.** We ask that parents be on time, so that students are not left unattended for any period of time. Instructors are not required to wait for student's transportation for pickup.

**Students are responsible for the proper care of Alpena Driving School property.** This includes vehicles, classrooms, buildings & premises, and class materials. Students who commit damages will face disciplinary action and will be required to pay for repairs or replacement.

**Students are expected to behave in an appropriate manner.** Students are expected to respect the instructor, other students, and school property. Disruptive or defiant behavior will not be tolerated. Students are not to use foul language or behave in a way which is offensive to others. Students should not eat, drink or chew gum while in or around Alpena Driving School classrooms or vehicles, without the instructor's permission. **A student will be expelled from the course if he/she does not conduct himself/herself in the above manner while in or about the classroom facilities, and show due respect to the instructor, as well as fellow students.** If expelled, the refund formula, listed on the contract, will apply.

By signing below, the students and parents agree to all terms of the Student Attendance Policy & Code of Conduct.

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Student Signature

Date

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Parent/Guardian Signature

Date