Mason High School
2400 Mason Eagles Drive
Erie, Michigan 48133
734-848-9344

SEGMENT I REGISTRATION FORM

Please Print

STUDENT FULL NAME _____
LAST FIRST MIDDLE

ADDRESS_____ CITY_____

ZIP CODE _____ HOME PHONE _____

BIRTHDATE _____ VERIFIED BY BIRTH CERTIFICATE

PARENT\GUARDIAN'S NAME _____ WORK PHONE _____

EMERGENCY CONTACT _____ PHONE _____

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 describe. _____

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 question 6 or 7 is yes, than 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 _____ Please make checks payable to Mason High School