WHEEL TO DRIVE LLC
430 Mack Ave. Detroit, MI 48201 (313) 71-WHEEL www.wheeltodrive.com

ADULT STUDENT REGISTRATION FORM AND CONTRACT

Office Hours: by appointment only Provider Certificate Number: P000662

NOTICE: This provider is required to be certified by the Secretary of State. If you have any complaint, that cannot be settled with the provider, please complete the Driver Education Complaint for found under "Traffic Safety Programs Division" on the Department of State website; www.michigan.gov/sos. Completing driver education does not guarantee a driver's license.

Student Name:_____
First Middle Last

Address:_____**City**:_____**State**:_____**Zip Code**:_____

Student's Cell Phone:_____ **Email Address**:_____

Date of Birth:_____ **Age**:_____

Temporary Instruction Permit#_____

WHEEL TO DRIVE LLC will provide Adult Lessons adhering to the following fee schedule.
1 hour of private instruction $50
Fees are non-refundable. In the event of a driving appointment cancellation, a cancellation fee of $25 will be charged. Tuition may be paid via cash or money order made payable to Wheel to Drive.

1. Is the student's visual acuity at least 20/40 corrected? This is the minimum visual acuity to be eligible for an unrestricted license. YES_____ NO_____

2. Are there any special needs or medical conditions that would pose a concern with the student's behind the wheel instruction (epilepsy, color blindness, hearing loss, medication)? YES____ NO___
   If YES, please explain: _____

Students must provide a letter is signed by the student's physician indicating that medial conditions have been corrected and/or are under control, and the student meets the physical and the mental requirements for a motor vehicle operator's license under Section 309 of the Michigan Vehicle Code, 1949 PA 300, MCL 257.309.

WHEEL TO DRIVE LLC will conduct the behind-the wheel instruction in a dual-controlled automobile that is fully insured, covering each student enrolled in the program.

CERTIFICATION: I agree with the terms and conditions described and certify that the information on this form is true and accurate to the best of my knowledge.

STUDENT SIGNATURE DATE

SCHOOL REPRESENTATIVE SIGNATURE DATE