

**WHEEL TO DRIVE LLC**  
**403 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, which you cannot settle with this school, write: Michigan Department of State, Driver Programs Division, Lansing, MI 48918. Completion of driver education instruction does not guarantee qualification for a driver license.

**Student Name:** \_\_\_\_\_

\_\_\_\_\_ First Middle Last  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Student's Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Temporary Instruction Permit# \_\_\_\_\_ Expiration Date \_\_\_\_\_

WHEEL TO DRIVE LLC will provide Adult Lessons adhering to the following fee schedule.

1 hour 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 controlled to cover 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