WHEEL TO DRIVE LLC 403 Mack Ave. Detroit, MI 48201 *7707 Michigan Ave. Detroit MI 48210 (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:		Zip Code:
Student's Cell Phone: Email Address:			
Date of Birth:		Age:	
Temporary Instruction Permit#Expiration Date			Date
WHEEL TO DRIVE LLC	vill provide Adult Lessons adh	ering to the following fee sch	nedule.
1 hour private instruct	ion= \$60		
	ole. In the event of a driving ap be paid via cash or money orc		
	s's visual acuity at least 20/40 ed license. YESNO		um visual acuity to be eligible for
the wheel ins	special needs or medical con truction (IEP,epilepsy, color b explain:	lindness, hearing loss, medic	ncern with the student's behind ation)? YES NO
corrected and/or are u		t meets the physical and the	t medial conditions have been mental requirements for a motor PA 300, MCL 257.309.
	vill conduct the behind-the wh ch student enrolled in the prog		trolled automobile that is fully
_	e with the terms and conditione best of my knowledge.	ns described and certify that	the information on this form is
STUDENT SIGNATURE		DATE	
SCHOOL REPRESENTAT	TIVE SIGNATURE	DATE	