



DRIVING SCHOOL

CIVILIAN DOCUMENTATION REQUIRED FOR 45-HR COURSE

☐ 45-HOUR COURSE (\$545) ☐ 1 ADDITIONAL HOUR (\$30) ☐ 2 ADDITIONAL HOURS (\$40)

STUDENT FULL NAME: _____

1. ☐ **ATTEND WELCOME ABOARD BRIEF:** MON: 7:30 AM – 12:30PM, TUE: 10 AM - 12:45 PM at Sakura Theater (Do not take SOFA test)
2. ☐ **TEENS:** Parents or guardians of course participants ages 17 or younger will need to read and sign the Parent Mentor Agreement.
3. ☐ **PROOF OF SOFA STATUS:** Have a copy of Military orders, Area clearance, or Letter of employment with course participants name on the document.
4. ☐ **VISION:** Complete an eye exam within 1 year of course start date.
5. ☐ **REGISTRATION:** Complete MCCS Driving School Registration form.
6. ☐ **REGISTRATION REVIEW:** Have all documents reviewed by the Driving Instructor, via email or by physically bringing them to the Driving Instructor no later than (2) business days prior to course start date. All exceptions must be cleared through Driving Instructor.
7. ☐ **PAYMENT VERIFICATION:** After all documents have been reviewed by the Driving Instructor, provide a copy of payment receipt with student's name on the receipt by email or by physically bringing a copy to the Driving Instructor.
8. **CLASSROOM INSTRUCTION:** Complete 30 hours of classroom instruction and pass written test.
9. **SOFA TEST:** After passing 39-hour written test, Complete SOFA test: TUE: 2PM-4:00 PM - SOFA Test at Sakura Theater.
10. **LEARNERS PERMIT:** The day after, and in some instances two days after passing the SOFA test, go to the Pass & Registration office. Present all registration documentation and let them know you are there for a learners permit.
11. **BTW:** Schedule 6 hours of Behind The Wheel training with MCCS Driving Instructor.
12. **PRACTICE:** Conduct 9 hours of Driver training with a SOFA licensed driver aged 21 or older. This can be done in conjunction with the Instructor led 6 hours of BTW training sessions.
13. **DRIVING EXAM:** Take the driving exam when all driving hours are complete to earn a certificate of completion. Driving hours will be tracked on the MCCS driving hours log sheet.
14. **DRIVING PRIVILEGE GRANTED:** Take your certificate of completion to the Pass & Registration office to be presented with your SOFA permit(license).

REGISTRATION FORM

DRIVING SCHOOL COURSES

☐ 45-Hour (\$545) ☐ 2-Hour (\$40) ☐ 1-Hour (\$30) ☐ Re-test (\$50)

STUDENT: Last Name _____ First Name, MI _____

STUDENT EMAIL: _____ STUDENT PHONE: _____

SPONSOR: _____ UNIT NAME/SECTION: _____

SPONSOR PHONE #: CELL _____ WORK _____

STATUS: ☐ Active Duty ☐ DOD Civilian ☐ DOD Dependent ☐ MIL Dependent ☐ Other _____

ORGANIZATION: ☐ USMC ☐ NAVY ☐ USAF ☐ ARMY ☐ OTHER _____

The Parent/Guardian, Spouse, Military, Contractor and/or Civilian Dependent agree to the following policy and procedures of MCCS Iwakuni (Please read and initial the "Agreement")

1. (_____ INITIALS) I am 18 years of age or older and qualified to register OR the parent and/or guardian hereby consent, agrees and is signing this Agreement consenting to their minor's participation.
2. (_____ INITIALS) I am a U.S. Status of Forces Agreement (SOFA) member or an individual with SOFA status.
3. (_____ INITIALS) I must satisfactorily complete all 18 classroom chapters, totaling 30 hours, 9 hours of logged driving practice, and 6 hours of Instructor led Behind the Wheel (BTW) instruction for a total of 45 hours.
4. (_____ INITIALS) Sickness, Emergencies, and Military unit functions are the only excepted reasons for absence from class, and these require documentation.

5. (_____INITIALS) All classroom materials and lectures will be administered in English only.

6. (_____INITIALS) A Learner's Permit is required for the student to operate a motor vehicle with an instructor during the course and must be acquired after they pass the 30-hour written exam. The permit is MANDATORY. The Driving Instructor will explain the permit process on the first day of class. The SOFA status members affiliation determines which activity issues the learner's permit. Learner's permits are issued for up to 90 days.

7. (_____INITIALS) To successfully pass the classroom instruction, the student must score 90% or higher on the written exam. Students will have two opportunities to pass the written exam. If they do not successfully pass the written exam in the first two attempts, they will be required to enroll in the next available 2-hour refresher course which consists of classroom review and the written test. FOR A FEE OF \$50.00

8. (_____INITIALS) Classroom instruction includes 30 hours of instruction. The course consists of 18 Units, including: Ch1 Welcome to Your Driving Career, Ch2 Knowing Your Vehicle, Ch3 Vehicle Space Needs, Natural Laws, and Traction, Ch4 Starting, Steering, and Stopping, Ch5 Signs, Signals, Road Markings, and Communication, Ch6 Traffic Laws and Rules of the Road, Ch7 Vision and Perception, Ch8 Time and Space Ch9 Changing Lanes, Turning, and Parking, Ch10 Sharing the Road, Ch11 Intersections and Freeway Driving, Ch12 Alcohol and Driving, Ch13 Drug-Impaired Driving and Illness, Ch14 Distracted Driving, Ch15 Drowsy Driving, Sleep, and Emotions, Ch16 Driving Conditions and Environments, Ch17 Emergency Situations, and Ch18 Fuel-Efficient Driving and Tire Safety

9. (_____INITIALS) If the student successfully passes the written exam, they will proceed to the Behind the Wheel (BTW) segment of the course, which will consist of the student driving BTW for at least 6 hours. BTW will include: 1) Basic Vehicle Control; 2) Parking & Braking; 3) Speed selection. 4) Looking Ahead for Potential Hazards; 5) Following Skills & Space Management, and 6) Driving in Different Conditions & Traffic on the roadways of Marine Corps Air Station Iwakuni.

10. (_____INITIALS) BTW Evaluation. I understand that I will be evaluated on my driving skill after completion of the required 6 hours of BTW training. I will have 2 chances to pass the BTW exam. The instructor will annotate your evaluation sheet with a "PASS" or "FAIL". If I do not successfully pass the driving exam in the first two attempts, I will be required to enroll in the 2-hour refresher course which consists of Behind the Wheel review and a driving exam. FOR A FEE OF \$50.00.

11. (_____INITIALS) Before BTW Evaluation. I understand that I will be evaluated on my driving skill after completion of 9 hours of driving practice. Driving practice is to be completed with a SOFA licensed driver 21 years of age or older. The 9 hours of driving practice can be done either before or in conjunction with the MCCS instructor led 6 hours of Behind the wheel training. All hours will be logged on the form provided by the MCCS Driving School.

12. (_____INITIALS) Upon completion of the course, the student will be issued a CERTIFICATE OF COMPLETION from the MCCS Driving Instructor. However, the Pass and Registration Office will issue your SOFA (USFJ form4EJ) driver's permit(license).

13. (_____INITIALS) CELL PHONES, IPADS and electronic devices are authorized for note taking during classroom instruction only. Video and audio recordings of MCCS personnel, and MCCS Driving School participants are prohibited without written consent. Electronic devices are PROHIBITED during Behind the Wheel instruction. This is a classroom environment, and students will act accordingly. Disruptive behavior, harassment, UNAUTHOURIZED cell phone/tablet/electronic device use will not be tolerated. Students will be given a verbal warning for first offenses; however, consistent disruptive behavior could result in expulsion from the course. In this instance, the cost for the course is non-refundable.

14. To better assist our instructors, please list any health/learning impairments that our instructors should be aware of, if you would prefer to have the MCCS Driving School Program Coordinator contact you directly, please fill in Box # 3.

1. _____

2. _____

3. (Contact info)_____

15. (_____INITIALS) MCCS *recommends* that you obtain motor vehicle insurance and maintain this insurance while a student in this MCCS Driving School course. MCCS is not responsible for providing insurance for the student driver taking a driver education course with MCCS. MCCS only maintains insurance coverage for the Driving School Instructor. Dependents will generally fall under the SOFA sponsor.

16. (_____INITIALS) I understand and agree that I may be held liable for any damage, injury or loss to the United States Government or its property that is caused by my operation of a government owned vehicle as part of this course or my own negligence, misconduct, or fraud during this class. Furthermore, I understand and agree that I may be held liable for any damage, injury, or loss to any third party that is caused by my operation of a government owned vehicle as part of this course or my own negligence, misconduct or fraud during this class. If the loss to the Government exceeds two thousand five hundred dollars (\$2,500.00), then the student will at a minimum be responsible for an amount of \$2,500.00. Finally, I promise to indemnify the United States Government and any of its agents or assigns for any cause of action arising out of my operation of a government owned vehicle as part of this course, my own negligence, misconduct or fraud while taking any MCCS Driving School course aboard Marine Corps Air Station Iwakuni or while participating in this course.

17. (_____INITIALS) All excused classroom hours missed during classroom instruction will be made up in the following months course.

18. (_____INITIALS) Payment can be made only after the MCCS Driving Instructor has reviewed all required documents. After payment, email or bring a copy of the receipt with the student's name to the MCCS Driving Instructor.

19. (_____INITIALS) ***Refunds will be granted only to individuals or groups who cancel their course on or before the start date of the course. No refunds will be issued after this time. A partial refund may be granted at MCCS's discretion for Permanent Change of Station (PCS) within 30 days of classroom instruction with appropriate documentation, command-directed events or training with appropriate documentation, and emergencies with appropriate documentation.

20. I CONFIRM THAT I HAVE READ AND UNDERSTOOD EACH PARAGRAPH PRIOR TO SIGNING THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I HAVE AGREED AND INITIALED ALL ITEMS THAT INVOLVE MCCS POLICIES, PROCEDURES AND THE AGREEMENTS CONTAINED HEREIN.

Student Signature: _____

Printed Name of Student: _____

Student's Date of Birth: _____

Today's Date: _____

Signature of Parent / Legal Guardian: _____

Printed Name of Parent / Legal Guardian: _____

Today's Date: _____



DRIVING SCHOOL

VISION REPORT

This section must be completed by the customer.

FIRST NAME	MIDDLE NAME	LAST NAME

VISION REPORT: This section must be completed by Clinic Staff:

Vision without Glasses	Vision with Glasses	Field of Vision in horizontal meridian	Indicate any vision restrictions required:
Right Eye 20/ _____ Left Eye 20/ _____ Both Eyes 20/ _____	Right Eye 20/ _____ Left Eye 20/ _____ Both Eyes 20/ _____		
Minimum Vision Requirements (with or without corrective lenses): No less than 20/40 in the best eye OR no less than 20/70 in the best eye and field of vision at least 140 degrees.			Follow up in:

Clinic Staff Printed Name: _____

Clinic Staff Signature: _____ Date: _____