

Ann Arbor Driving School, Inc.

3092 Platt Rd • Ann Arbor

• MI • 48108 • (734) 996-1000

State

Certification # P000271 • Office Hours: Monday – Friday, 10:00 a.m. – 5:00 p.m.

Program

Number #:

TEEN SEGMENT 1 CONTRACT

Classroom Location: 3092 Platt Rd

Student: (last) _____ (first) _____ (middle) _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Age: _____ D.O.B.: _____

Parent/Legal Guardian's Name: _____ Parent's/Legal Guardian's Phone #: _____

Parent/Legal Guardian's Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Phone #: _____

Dates of Class: _____ Time: _____

TEEN SEGMENT 1 PROVISIONS

1. Ann Arbor Driving School, Inc. will provide a minimum of 24 hours of classroom instruction, 6 hours of behind-the-wheel (BTW) instruction and 4 hours of observation time with a certified Michigan Driver Education Instructor.
2. Classroom instruction must be a minimum of 3 weeks in length and shall not exceed 2 hours per day. BTW instruction shall not begin until the student has received a minimum of 4 hours of classroom instruction and must be completed no later than 3 weeks after the classroom instruction has been completed.
3. Ann Arbor Driving School, Inc. will conduct the BTW instruction in a dual-controlled automobile that is insured by the provider to cover each student enrolled in the program.
4. The Student must be at least 14-years and 8-months of age by the first day of a Segment 1 course. Verification by birth certificate or passport is required.

TEEN SEGMENT 1 TERMS

1. The Parent or Legal Guardian agrees to pay the total amount of \$495 on the first day of class in the form of cash or check.
2. The Student and at least one parent or guardian must attend the mandatory Parent Meeting.
3. The Student may miss one class session only for an illness or emergency with documented proof presented to the instructor. The student is required to make up the same class session missed. For example, the student missed day 5 and must attend day 5 of the next available segment 1 course (or they must make up that same full class session on a day provided by the classroom instructor).

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 DES-P11 Statement of Complaint form found on the Department of State website; Michigan.gov/DriverEd. Completion of driver education instruction does not guarantee qualification for a driver license.

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4. A fee of \$20 will be charged if a student does not show up for a driving appointment or make up class session.
5. A fee of \$50 will be charged for each lost or damaged classroom textbook.
6. A fee of \$5 will be charged for each lost or damaged student workbook.
7. A fee of \$10 will be charged for each request for a replacement of a Segment One Completion Certificate.

REQUIREMENTS TO PASS THE COURSE

1. The Student must complete any homework and receive an overall grade of 70% on any quizzes/tests.
2. The Student will be allowed up to three attempts to pass the State Exam, which requires a score of at least 70%.
3. **The Student must pass ALL BTW Performance Objectives, per the Driver Education Provider and Instructor Act (DEPIA), at the instructor's professional discretion with a satisfactory or higher grade.**

REFUND POLICY

1. After the beginning of the first class session, NO REFUND shall be given.

BTW WAIVER

Section 33 (d) of the Driver Education Provider and Instructor Act requires that at least two students must be in a vehicle during BTW instruction unless a parent waives this requirement in writing.

I, the Parent/Legal Guardian of the Student, waive this requirement:

I understand that my son/daughter must still complete at least 4 hours of observation time as a passenger in a driver education vehicle being driven by another driver education student.

Date: _____ Student Signature: _____

Date: _____ Parent/Legal Guardian Signature: _____

Date: _____ Ann Arbor Driving School, Inc. _____

Provider Name

Signature of Provider Owner or Designated Representative

ACCOMMODATIONS/MEDICAL CONDITIONS

1. Does the Student require any special accommodations to participate in the classroom phase (e.g., test being read, interpreter, etc.)? Yes No If yes, please explain: _____
2. Does the Student require any special accommodations to participate in the BTW phase (e.g., adaptive devices, interpreter, etc.)? Yes No If yes, please explain: _____
3. Are there any medical conditions that would pose a concern with the Student's BTW instruction (e.g., epilepsy, color blindness, etc.)? Yes No If yes, please explain: _____
4. Is the Student taking any medications that may affect his/her ability to drive a motor vehicle safely? 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

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