Student: (last) (first) (middle)

Address: City: Zip:

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

Temporary Instruction Permit (TIP) #: TIP Issue Date: Cell:

Dates/Times of BTW Instruction:

**ADULT BTW PROVISIONS**

1. **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.**
2. **The Student must be at least 18 years of age by the first day that BTW instruction is given. Verification by a copy of the temporary instruction permit is required.**

**ADULT BTW TERMS**

1. The Student agrees to purchase: \_\_\_\_\_\_\_\_ **hours** of instruction at **$ \_\_\_\_\_\_\_** per **(1) hour** of BTW instruction for a total of $ **\_\_\_\_\_\_\_\_\_\_\_**. The total amount must be paid on or before the first BTW instruction in the form of cash or check.
2. A fee of $20 will be charged if a student does not show up for a driving appointment.

**REFUND POLICY**

1. After the beginning of BTW instruction, NO REFUND shall be given.

**ACCOMMODATIONS/MEDICAL CONDITIONS**

1. Does the Student require any special accommodations to participate in the BTW phase (e.g., adaptive devices, an interpreter, etc.)? Yes No If Yes, please explain:
2. 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:
3. Is the Student taking any medications that may affect his/her ability to drive a motor vehicle safely? Yes No If Yes, please explain:
4. In the last six months, has the Student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness? Yes No
5. In the last six months, has the Student had a physical or mental condition which would affect his/her ability to drive a motor vehicle safely? Yes No

Date: Student Signature:

Date: Ann Arbor Driving School, Inc. Provider Name Signature of Provider Owner or Designated Representative

**Date: Payment amount: Type:**