Student: (last) (first) (middle)

Address: City: Zip:

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

Graduated Driver License #:

Parent/Legal Guardian’s Name: Parent/Legal Guardian’s Phone #:

Parent/Legal Guardian’s Address: City: Zip:

Emergency Contact: Phone #:

Dates of Class: Time:

**TEEN SEGMENT 2 PROVISIONS**

1. **Ann Arbor Driving School, Inc. will provide a minimum of 6 hours of classroom instruction with a certified Michigan Driver Education Instructor. Classroom instruction shall not exceed 2 hours per day.**
2. **A driving log must be presented to verify that the student has completed a minimum of 30 hours of driving (including 2 hours at night) with a licensed parent/guardian or a designated licensed adult driver 21 or older. A log was presented to the Segment 2 instructor on or before the first classroom session. Parent or Student initials Seg. 2 Instructor initials**
3. **The Student must have held a Level 1 License for not less than 3 continuous months. Parent or Student initials \_\_\_\_\_\_\_\_ Seg. 2 Instructor initials \_\_\_\_\_\_\_\_**

**TEEN SEGMENT 2 TERMS**

1. The Parent or Legal Guardian agrees to pay the total amount of $90 on the first day of class in cash or check.
2. The student may not miss any class sessions.
3. A fee of $50 will be charged for each lost or damaged classroom textbook.
4. A fee of $5 will be charged for each lost or damaged student workbook.
5. A fee of $10 will be charged for each request for a replacement of a Segment Two 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%.

**REFUND POLICY**

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

**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:

Date: Student Signature:

Date: Parent/Legal Guardian Signature:

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

 **Date: Payment amount: Type:**