

Frankenmuth Driving School, Inc.
423 Mary Lane
Frankenmuth, MI 48734
(989) 652-4548

Office Hours: Monday – Friday, 9:00 – 5:00 PM

Department of State Certification #TS001359

SEGMENT 1 CONTRACT

Program Number # 61608S5 Classroom Location: St. Lorenz School, 140 Churchgrove St., Frankenmuth
(as assigned by provider)

Dates of Class Jun 16, 17, 18, 19, 20, 23, 24, 25, 26, 27, 30 and Jul 1.
Time of Class: 10:00AM – 12 Noon

Student _____
Name Last First Middle Age Date of Birth
Address _____ City _____ Zip _____
Home Phone _____ Work Phone (Parent or Guardian) _____
Parent's Name _____ Home Phone (Parent) _____
Address _____ City _____ Zip _____

COURSE PROVISIONS

1. Frankenmuth Driving School will provide a minimum of 24 hours of classroom instruction, 6 hours of behind-the-wheel (BTW) instruction, and 4 hours of observation time in a dual controlled automobile, fully insured, covering each student enrolled in the program. Classroom instruction must be a minimum of 3 weeks in length. BTW instruction shall not begin until the student has received a minimum of 4 hours of classroom instruction. BTW instruction must be completed no later than 3 weeks after the classroom instruction has been completed. Students should report to the St. Lorenz School parking lot for BTW training.

TERMS

1. The student must be at least 14 years/8 months of age by the first scheduled day of class (verification by birth certificate required).
2. The parent or guardian agrees to remit \$310 payable by cash, check or money order. One hundred dollars is due at the first class session and the remaining balance (\$210) must be paid no later than the last classroom session or the student's Segment One Certificate of completion will be withheld until time of full payment.
3. Requirements to pass the course: *Maintain a 70% average on homework, tests, quizzes and a mature attitude.*
4. The required score to pass the STATE TEST is 80%
5. A textbook is provided. You bring loose leaf notebook paper, pencil and a folder for your work.
6. The student is required to attend all classroom sessions. Any unavoidable absence must be pre-arranged between the instructor and a parent. Emergencies – call 989 652-4548 or 989 652-2058. If necessary, a make-up date will be chosen at the discretion of the instructor.

REQUIRED LANGUAGE

NOTICE - This provider is required to be certified by the Secretary of State. If you have any complaint which you cannot settle with this provider, 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 Signature

Parent or Guardian Signature

School Representative Signature

Date of Contract

REFUND POLICY

1. If for any reason you decide to withdraw from the course before its completion, your refund will be based on the following (based on the amount you have paid thus far for the course):
- a. A full refund will be issued after the first 3 class sessions
 - b. A partial refund (50%) will be issued after 4 to 7 class sessions
 - c. No refund after 8 class sessions

BEHIND-THE-WHEEL INSTRUCTION AGREEMENT. Provider and customer must sign one of the following agreements.

<p>1) On-the-road student instruction agreement.</p> <p>This agreement provides that _____ shall have not less than two (2) students in the vehicle used by the student or customer during behind-the-wheel instruction.</p> <p style="text-align: center; margin-left: 100px;">Name of Provider</p> <table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none; text-align: center;">_____ Signature of Parent/Guardian</td><td style="width: 50%; border: none; text-align: center;">_____ Date</td></tr><tr><td colspan="2" style="border: none; text-align: center; margin-top: 20px;">_____ Signature of Provider</td></tr></table>		_____ Signature of Parent/Guardian	_____ Date	_____ Signature of Provider	
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_____ Signature of Provider					

<p>2) Parent waiver agreement for individualized on-the-road instruction.</p> <p>By signing below, I, _____, authorize</p> <p style="text-align: center; margin-left: 100px;">Printed Name of Parent/Guardian</p> <p>_____ to allow a certified instructor</p> <p style="text-align: center; margin-left: 100px;">Name of Provider</p> <p>employed by the provider to offer my child on-the-road driving instruction without another passenger in the vehicle.</p> <table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none; text-align: center;">_____ Signature of Parent/Guardian</td><td style="width: 50%; border: none; text-align: center;">_____ Date</td></tr><tr><td colspan="2" style="border: none; text-align: center; margin-top: 20px;">_____ Signature of Provider</td></tr></table>		_____ Signature of Parent/Guardian	_____ Date	_____ Signature of Provider	
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SEGMENT 1 REGISTRATION FORM

Please **Print**

STUDENT FULL NAME: _____

ADDRESS: _____ Last First Middle
CITY: _____

ZIP CODE: _____ HOME PHONE _____

BIRTHDATE: _____ **VERIFIED BY BIRTH CERTIFICATE**

Student must be at least 14 years and 8 months by the first day of class.

PARENT/GUARDIAN'S NAME: _____ WORK PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

1. Does the student require any special accommodations to participate in the classroom phase (i.e., test being read to him/her, an interpreter, seating arrangements, etc.)? Yes ___ No ___

If Yes, please explain: _____

2. Does the student require any special accommodations to participate in the behind-the-wheel phase (i.e. adaptive devices, an interpreter, 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 describe _____

4. Are there any medical conditions that would pose a concern with the student's behind-the-wheel instruction (epilepsy, asthma, color blindness, hearing loss)?

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 ___

7. In the last six months, has the student had a physical or mental condition which affected his/her ability to drive a motor vehicle safely? Yes ___ No ___

If the answer to question 5 is no, or either of questions 6 or 7 is yes, then the parent/guardian must provide a letter signed by the student's physician indicating that the condition has been corrected and/or is under control, and the student meets the physical and mental requirements for a motor vehicle operator's license under Section 309 of the Michigan Vehicle Code, 1949 PA 300, MCL 257.309.

CERTIFICATION: I certify that the information on this form is true and accurate to the best of my knowledge.

PARENT SIGNATURE

STUDENT SIGNATURE

DATE