## **Frankenmuth Driving School** 1206 Roman Drive

## Office Hours Monday through Friday, 9 am to 7 pm

Flint, MI 48507 810.347.5650

**Department of State Certification** #P000605

## **SEGMENT TWO CONTRACT**

Program S2.8 06-19-23/S2.9 06-19-23 Classroom Location Class Dates: June 19,20,21, 2023 Frankenmuth Credit Union Class Times: 1:00-3:00 pm or 3:00-5:00 pm (Circle One) 580 N. Main Street

Frankenmuth, MI 48734

Please complete and return this contract with payment to the address listed above. Students will be

enrolled as contracts are rece		chigan mandates a maximum	of 36 students per class.	
Student's Name		Age	Date of Birth	
(as shown on birth certificate) Last	First	Age Middle	mm-dd-yyyy	
Address		City	Zip	
Student's Phone	Parent's	Name		
Address (if different)		City	Zip	
Parent's Phone	Driv	er License Number (On Permit	t)	
		E PROVISIONS		
_	•	n of 6 hours of classroom instru	ction by a certified	
instructor. Classroom instruction		•		
		<u>TERMS</u>		
1. The student, parent, or guarantee Frankenmuth Driving School	_	t \$60 payable by cash, check or	money order to	
2. The student must provide a eligibility for the course (se		driving log signed by a parent og below).	or guardian to verify	
3. The student must satisfact achieved on the final test.	•	sroom assignments. A minimui allowed.	m score of 70% must be	
4. The student must attend a	II three class periods.	No make-ups are offered.		
	REQUIR	ED LANGUAGE		
complaint that cannot be settled	with the provider, plea on the Department of	e certified by the Secretary of Star use complete the Driver Education State website: <u>www.michigan.go</u>	Complaint form found	
been held for at least three cont	inuous months must be d as driving with a licer	two hours of nighttime driving, or completed before a student can used parent, guardian, or parent of the policy	be accepted into Segment	
•	ithdraws from the co	urse before its completion, any	refund will be based	
upon the following:				
	The student is eligible for a full refund if Frankenmuth Driving School is notified of the decision to withdraw prior to the first class			
b. No refunds will be given af	ter the first class			

Parent or Guardian Signature \_\_\_\_\_\_

School Representative Signature\_\_\_\_\_\_Date of Contract\_\_\_\_\_

c. Extenuating circumstances will be reviewed on an individual basis

Student Signature