Office Hours Monday through Friday, 9 am to 7 pm	1206 Roman Drive Flint, MI 48507	Department of State Certification #P000605
	810.347.5650	
Program S1.3 2-29-24	SEGMENT ONE CONTRACT	Classroom Location
Class Dates: Feb. 29 & March 1,4,5,6,7,8	8,11,12,13,14,15, 2024	Frankenmuth High School Rm 27
Make-up Day (if necessary): March 18,	2024	525 E. Genesee St.
Class Times: 6:30-8:30 PM		Frankenmuth, MI 48734
Please complete and return this contra		· · · · · · · · · · · · · · · · · · ·
State of Michigan mandates a maximu	m of 36 students per class. Ple	ase call to register.

Student Name _			Age	Date of Birth
	Last	First	Middle	
Address			City	Zip
Parent's Name _			Phone	
Address (if diffe	rent)		City	Zip
Emergency Cont	tact		Emergency Contact Phone	

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 three 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 three weeks after the classroom instruction has been completed.

TERMS

1. The student must be at least 14 years and 8 months of age by the first scheduled day of class. Verification by birth certificate is required.

We certify that this student meets the minimum age requirement, and the birth certificate was presented and reviewed (please initial): School Representative _____ Parent or Guardian _____

- 2. The parent or guardian agrees to remit \$380 payable by cash, check or money order to Frankenmuth Driving School. The student's Segment One Certificate of Completion will be withheld until full payment is made. \$50 of the payment is a non-refundable deposit.
- Requirements to pass the course: the student must have 24 hours of class instruction, at least 6 hours of behind-the-wheel training, and 4 hours of observation (while another student is driving). The Department of State requires a minimum score of 70% to pass the final test. A student may retake the written test twice
- 4. The student is allowed one absence, which must be made up so that the 24 hours of instruction required by the State is achieved. In the event of an absence, the instructor must be contacted as soon as possible at 810.347.5650.
- 5. Students should report to the Frankenmuth High School parking lot to be picked up for behind-thewheel training. Failure to show up for scheduled drives or the range will result in a \$35 fee assessment.

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, please write to 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
-------------------	------------------------------

FDS Rep. Signature _____

_____ Date of Contract ___

Frankenmuth Driving School, Inc.

1206 Roman Drive Flint, MI 48507

Office Hours Monday through Friday, 9 am to 7 pm Program S1.3 2.29.24 Department of State Certification #P000605

REFUND POLICY

810.347.5650

If for any reason the student withdraws from the course before its completion, any refund will be based upon the following:

- a. After two class sessions, the student is eligible for a 75% refund
- b. After the fourth session, 50% refund
- c. Any time after the fourth session, no refund will be given
- d. Extenuating circumstances will be reviewed on an individual basis

BEHIND THE WHEEL INSTRUCTION AGREEMENT AND EXPLANATION

Provider and customer must sign **ONE** of the following agreement options.

Michigan law states that a driver education instructor may not provide individual driving instruction to a student under the age of 18 without parental consent. By signing option two, you are agreeing to allow individual instruction in the case of an absence, illness or other unforeseen circumstance.

1. On-the-road instruction agreemen	On-the-road instruction agreement		
This agreement provides that <u>F</u>	rankenmuth Driving School shall have not less than two (2)		
	Name of Provider		
students in the vehicle used by th	e student or customer during behind-the-wheel instruction.		
Parent or Guardian Signature	Date of Contract		
Provider Signature			
- OR -			

2.	Parent waiver agreement for individualized on-the-road instruction		
	By signing below, I, Printed Name of Parent or Guardian	_, authorize _	Frankenmuth Driving School Name of Provider
	to allow a certified instructor employed by the provider to offer my child on-the-road driving instruction without another passenger in the vehicle.		
Pai	rent or Guardian Signature	Date of Co	ontract
Pro	ovider Signature		

Fran Office Hours Monday through Friday, 9 am to 7 pm	kenmuth Driving School, Inc. 1206 Roman Drive Flint, MI 48507 810.347.5650	Page 1 of 1 Department of State Certification #P000605	
Program S1.3 2-29-24 <u>SEGME</u>	ENT ONE REGISTRATION FOR Please Print	<u>M</u>	
Student NameLast First		ge Date of Birth	
Address	City	Zip	
Mother's Name	Mother's Phone	!	
Father's Name	Father's Phone		
Emergency Contact	Emergency Contact	's Phone	
Note that the student must be at least 14 by birth certificate.1. Does the student require any special a	ccommodations to participat	e in the classroom phase (i.e. test	
being read to him/her, an interpreter, a If yes, please explain:	being read to him/her, an interpreter, alternate seating arrangements, etc.)? Yes No		
	. 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:			
 Is the student taking any medications taking any medications to Yes No 	Is the student taking any medications that may affect his/her ability to drive a motor vehicle safely? Yes No		
If yes, please explain:			
 Are there any medical conditions that would pose a concern with the student's behind-the-wheel instruction (i.e. epilepsy, asthma, color blindness, hearing loss, etc.)? Yes No 			
If yes, please explain:			
5. Is the student's visual acuity at least 20	0/40 corrected? Yes	No	
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 ability to drive a motor vehicle safely?		dition which could affect his/her	
If the answer to question 5 is no, or either provide a letter signed by the student's p is under control, and the student meets t operator's license under Section 309 of the	hysician indicating that the one of the second s	condition has been corrected and/or irements for a motor vehicle	
	CERTIFICATION		
I certify that the information on this form	is true and accurate to the be	est of my knowledge.	
Parent or Guardian Signature	Email Ad	dress	
Student Signature	Date of Contra	ct	