## **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**

Classroom Location Program S2.4 03-4-24 Class Dates: March 4,5,6 2024 Frankenmuth High School Rm. 27 Class Times: 4:00-6:00 pm 525 E. Genesee Street

Frankenmuth, MI 48734

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

enrolled as contracts are recei				
Student's Name		Age	Date of Birth	
(as shown on birth certificate) Last				
Address		City	Zip	
Student's Phone	Parent's	Name		
Address (if different)		City	Zip	
Parent's Phone	Driv	er License Number (On Pern	nit)	
	<u>COURS</u>	<u>E PROVISIONS</u>		
Frankenmuth Driving School w instructor. Classroom instructio	•		ruction by a certified	
		TERMS		
1. The student, parent, or gua Frankenmuth Driving School	<del>-</del>	t \$60 payable by cash, check	or money order to	
2. The student must provide a eligibility for the course (se			t or guardian to verify	
3. The student must satisfact achieved on the final test.		_	um score of 70% must be	
4. The student must attend al	I three class periods.	No make-ups are offered.		
	REQUIF	RED LANGUAGE		
NOTICE – this driver education pr complaint that cannot be settled under "Driver Programs Division" education does not guarantee a c	with the provider, plea on the Department of	se complete the Driver Educati	on Complaint form found	
A minimum of 30 hours of superbeen held for at least three cont Two. Supervised driving is define	inuous months must be d as driving with a lice	e completed before a student c	an be accepted into Segment	
If for any reason the student w upon the following:	ithdraws from the co	urse before its completion, ar	ny refund will be based	
	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 \_\_\_\_\_

Date of Contract\_\_\_\_\_

c. Extenuating circumstances will be reviewed on an individual basis

School Representative Signature\_\_\_\_\_

Student Signature\_\_\_\_