SEGMENT ONE CONTRACT

Office Hours Monday through Friday, 9 am to 7 pm

1206 Roman Drive Flint, MI 48507 810.347.5650

Please complete and return this contract to the address listed above with a \$380 payment. Note: The

Department of State Certification #P000605

Program \$1.5 6-13-234/\$1.6 6-13-24

written test twice

Classroom Location

Class Dates: June 13,14,17,18,19,20,21,24,25,26,27,28, 2024

Frankenmuth Credit Union 580 N. Main St.

Make-up Day (if necessary): June 29, 2024

rankanmuth MI 19721

Class Times: 9:00-11:00 AM or 4:00-6:00 PM (Circle one)

Frankenmuth, MI 48734

State of Michi	igan mandates a	maximum of 36 stu	dents per class. Please ter	xt or call to register.				
Student Name			Age	Date of Birth				
	Last	First	Middle					
Address			City	Zip				
Parent's Name	e		Phone					
Address (if dif	ferent)		City	Zip				
Emergency Co	ontact		Emergency Contact Phone	e				
behind-the-wlinsured, cover weeks in lengt classroom inst	heel (BTW) instru ring each student th. BTW instructi	action, and 4 hours of enrolled in the progion ion shall not begin us struction must be co	gram. Classroom instruction in the student has received the student has	n instruction, 6 hours of al controlled automobile, fully on must be a minimum of three ed a minimum of 4 hours of ee weeks after the classroom				
	·		<u>TERMS</u>					
	I. 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.							
•			m age requirement, and that the second the secondary and the secon	ne birth certificate was Parent or Guardian				
2. The parer	nt or guardian ag	rees to remit \$380	payable by cash, check or	money order to Frankenmuth				

payment is made. \$50 of the payment is a non-refundable deposit.
3. 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

Driving School. The student's Segment One Certificate of Completion will be withheld until full

- 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 Credit Union 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 whic	h
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		

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REFUND POLICY

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 agreement						
This agreement provides that <u>Frankenmuth Driving School</u> shall have not less than two (2)						
Name of Provider						
students in the vehicle used by the 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 <u>Frankenmuth Driving School</u> 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.						
Parent or Guardian Signature	Date of Contract					
Provider Signature						

Frankenmuth Driving School, Inc.

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Program S1.5 6-13-24/S1.6 6-13-24
SEGMENT ONE REGISTRATION FORM

Please Print

Stuc	lent Name		lease Fillit	Λαο	Date of Rirth	
Stuc	lent Name Last	First	Middle	Age		
Add	ress		City		Zip	
Mot	her's Name		Mother's Phor	ne		
Fath	er's Name		Father's Phone	e		
Eme	rgency Contact		Emergency Contac	ct's Phone _		
	e that the student must be a irth certificate.	t least 14 years ar	nd 8 months by the	first day of o	class, which will be verified	
	Does the student require any peing read to him/her, an int	•			·	
I	f yes, please explain:					
	Does the student require any adaptive devices, an interpre				ehind-the-wheel phase (i.e.	
I	f yes, please explain:					
	s the student taking any med Yes No	dications that ma	y affect his/her abili	ty to drive a	motor vehicle safely?	
I	f yes, please explain:					
	Are there any medical condit nstruction (i.e. epilepsy, asth	•				
I	f yes, please explain:					
5. I	s the student's visual acuity	at least 20/40 co	rected? Yes	No		
	In the last six months, has the student had a fainting spell, blackout, seizure, or other uncontrolled loss of consciousness? Yes No					
	n the last six months, has the ability to drive a motor vehic				ch could affect his/her	
provis ur	e answer to question 5 is no vide a letter signed by the st nder control, and the studen rator's license under Section	udent's physiciar at meets the phys a 309 of the Mich	n indicating that the sical and mental req igan Vehicle Code,	condition uirements	has been corrected and/or for a motor vehicle	
I cer	tify that the information on		RTIFICATION and accurate to the I	pest of my k	nowledge.	
Pare	nt or Guardian Signature		Email A	ddress		
Stud	lent Signature		Date of Contr	act		